

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
**FLUWBO**  
 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 NOV 27 PM 3:53

DOCUMENT # **N43483**

1. Corporation Name  
**LOVE OF CHRIST MINISTRIES, INC.**

Principal Place of Business      Mailing Address

3978 VERSAILLES DRIVE      3978 VERSAILLES DRIVE  
 ORLANDO FL 32808      ORLANDO FL 32808  
 US      US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable  
**7519 Forest City Rd**  
 Suite, Apt. #, etc.  
**ORLANDO FL**  
 City & State

3. New Mailing Office Address, If Applicable  
**Same**  
 Suite, Apt. #, etc.  
 City & State

Zip **32810** Country **Orange**

4. Date Incorporated or Qualified To Do Business in Florida  
**05/20/1991**

5. FEI Number **59-3092197** Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	MCCAMBRIDGE, AGATHA H	3978 VERSAILLES DR	ORLANDO FL 32808
D	MCCAMBRIDGE, HAROLD	3978 VERSAILLES DR	ORLANDO FL
D	CALEB, BENEDICT	4110 ROSE PEDAL LANE	ORLANDO FL 32808
D	BARTOS, GREGORY	355 NANTIS LOOP	APOPKA FL
D	SACHDEVA, PAUL	4209 ARBOR OAKS COURT	ORLANDO FL

000003492680-8  
 -12/11/00--01009-012  
 \*\*\*\*\*61.25 \*\*\*\*\*61.25

8. Name and Address of Current Registered Agent

MCCAMBRIDGE, AGATHA H.  
 3978 VERSAILLES DR.  
 ORLANDO FL 32808

9. Name and Address of New Registered Agent /

Name **AGATHA McCAMBRIDGE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4387 Real Ct**  
 Suite, Apt. #, Etc.

City **Orlando Fl** State **FL** Zip Code **32808**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **10/25/00**

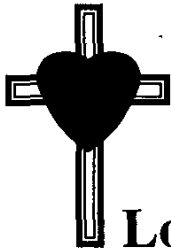
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.04401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **SIGNATURE REQUIRED** Date **10/25/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)



Love of Christ Ministries

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N43483

November 20, 2000

Florida Dept of State

Attn: Michelle Milligan

With reference to your letter dated November 8, 2000, we spoke to one of your agents explaining that we moved and had just received your form. She said to send in the \$61.25 and that we would not have to pay a penalty. I am re-submitting my check for \$61.25.

Hoping this will be satisfactory.

Your truly,

  
Agatha McCambridge