PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ~~REINSTATEMENT~~

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

FILED
01 OCT 29 AM 8:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N96000004340**

1. Corporation Name

MY REFUGE CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
10 RUCKERT CIRCLE DELAND FL 32720 US	10 RUCKERT CIRCLE DELAND FL 32720 US

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

MM 2001 UBR

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/19/1996

5. FEI Number: 59-3410172 ☐ 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CUDA, VINCE	2900 BETTY DR	DELAND FL 32720
D	~~CUDA, PHYLIS J~~ SEVER, HERB	~~2900 BETTY DR~~ 720 1ST ST.	~~DELAND FL 32720~~ ORANGE CITY, FL 32763
D	GUTHRIE, JACK A	733 MOCKINGBIRD LANE	DELAND FL

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CUDA, VINCE 2900 BETTY DR DELAND FL 32720	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: Vincent K. Cuda Date: 10-1-01
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 617.0401, 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: Vincent K. Cuda VINCENT K. CUDA 10-1-01 386-775-4877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

My Refuge Christian Center

A Vineyard Harvester Church "I will say of the Lord: He is my refuge and my fortress" Psalm 91:2 A Church with a Global Vision

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTN: Thelma Lewis
Corporate Specialist Supervisor

Subject: Renewal of Corporation filing

Dear Thelma,

I am writing to you because you have helped us in the past. We never received a notice of renewal for our corporation for 2001. What we did receive was a notice that we were dissolved because we did not respond. I called up to the department and told them that we did not receive our new form, and they replied that they would send a new one out. We never received either the original or the one from the second request.

Please reconsider the fee, since we were left in the dark and I did call and make a second request.

Thank you,

Vincent K. Cuda

Pastor Vince Cuda 10 Ruckert Circle, Deland FL 32720 PH(386) 775-4877 e.mail vcrock@juno.com