

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N96000004340

1. Corporation Name

MY REFUGE CHRISTIAN CENTER, INC.

Principal Place of Business

10 RUCKERT CIRCLE
DELAND FL 32720
US

Mailing Address

10 RUCKERT CIRCLE
DELAND FL 32720
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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
			200004688222--9 11/20/01 01006-018 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

CUDA, VINCE
2900 BETTY DR
DELAND FL 32720

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Vince K. Cuda
REGISTERED AGENT MUST SIGN

Date 10-11-01

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:

Vince K. Cuda VINCENT K. CUDA 10-11-01 BFC-7754877
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

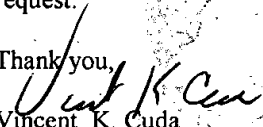
Subject: Renewal of Corporation filing

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