

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 22 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710228

1. Corporation Name

Great Commission Crusades, Inc.

REINSTATEMENT 98-04

2. Principal Office Address

P.O. Box 530217

Suite, Apt. #, etc.

City & State

Miami Shores FL 33153

Zip

33153

Country

US

3. Mailing Office Address

P.O. Box 530217

Suite, Apt. #, etc.

City & State

Miami Shores

Zip

FL 33153

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1-21-1966

5. FEI Number

592334287

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ETZER Zamor

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

2427 Biscayne Blvd

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Etzer Zamor
REGISTERED AGENT MUST SIGN

Date

11-19-04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D	Michel Morisset	P.O. Box 530217	Miami Shores FL 33153
V.D.T	ETZER Zamor	45 NE 104 street	Miami Shores FL 33138
S.D	Marie Yonique Platel-Wesch	7020 NW 20 Street	Sunrise FL 33133
D	Josefette M. Zamor	45 NE 104 street	Miami Shores FL 33138

10. 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:

Etzer Zamor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-04 (305) 652-9415

Daytime Phone #