

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP -2 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727809

1. Corporation Name

Christian Missions Unlimited, Inc.

REINSTATEMENT

CR2E081 (6/10)

76-10

2. Principal Office Address - No P.O. Box #

12063 County Road 26

Suite, Apt. #, etc.

City & State

Hope Hull, AL

Zip

36043

Country

USA

3. Mailing Office Address

PO Box 58

Suite, Apt. #, etc.

City & State

Hope Hull, AL

Zip

36043

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/19/1973

5. FEI Number

23-7412443

☐ 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

Clarence Whiteside, Jr.

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

3281 Parimeter Drive

Suite, Apt. #, Etc.

City

Lake Worth, FL

State

FL

Zip Code

33467

800185011578

09/02/10--01004--011 **2318.75

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

Clarence Whiteside, Jr.

REGISTERED AGENT MUST SIGN

Date

8/30/10

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
D	Charles Gordon Conner, III	2555 Coosa River Road	Deatsville, AL 36022
V	Clarence Whiteside	3281 Parimeter Drive	Lake Worth, FL 33567
S	David Bumgardner	13365 Doubletree Circle	West Palm Beach, FL 33414
T	Landis Fleming	960 Lake Cove Trail	Lakeland, FL 33813

10. E-mail Address: sheila@christianmissions.org

(To be used for future annual report notification)

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. I further certify, 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:

Charles G. Conner III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/30/10

Daytime Phone #