

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED

99 NOV -5 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **743637**

1. Corporation Name

**AMBASSADORS FOR CHRIST MINISTRIES, INC.**

Principal Place of Business

Mailing Address

2623 SOUTH BUMBY AVENUE  
ORLANDO FL 32806

2623 SOUTH BUMBY AVENUE  
ORLANDO FL 32806



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/19/1978	
City & State		City & State		5. FEI Number	
Zip		Country		NOT APPLICABLE	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	CURRY, THOMAS D	520 TOPAZ WAY	ORLANDO FL
SD	CURRY, MARY P	520 TOPAZ WAY	ORLANDO FL
TD	CURRY, EMMA LYNN	151 ORLANDO AVE	ORLANDO FL
			200003046292--1 -11/16/99--01093--011 *****61.25 *****61.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CURRY, THOMAS D. 520 TOPAZ WAY ORLANDO FL 32806		Name <del>XXXXXXXXXX</del> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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: Thomas D Curry Date: 11/2/99  
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: Thomas D Curry 11/2/99 407 894-5588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Pager 407 897-0455

KE

# Destiny

Destiny Ministries International



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11/3/99.

Gentlemen,

Please waive the reinstatement fee and accept our payment for our annual report fee. We did not receive any other notice for renewal.

We apologize for the mix up and want to thank you in advance for your help.

Sincerely

Marie D O'Shea  
Secretary to  
Thomas D. Curry, Pastor

