

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 JAN -4 PM 2:25

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



REINSTATEMENT

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

07/19/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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 |
|------------|-------------------------------------|--|---|
| PD | CURRY, THOMAS D | 520 TOPAZ WAY | ORLANDO FL |
| SD | HORTON, JAMES R | 3008 CALUMET DR | ORLANDO FL 32810 |
| TD | SLAY, BONNIE SUSAN | 4511 HWY 95 A | MOLINO FL 32577 |
| | | | 100004776541--6 -01/16/02--01011--005 *****236.25 *****236.25 |

8. Name and Address of Current Registered Agent

CURRY, THOMAS D.
 520 TOPAZ WAY
 ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name: **Thomas D. Curry**
 Street Address (P.O. Box Number is Not Acceptable): **2623 S Bumby Ave**
 Suite, Apt. #, Etc.: **Orlando FL**
 City: **Orlando** State: **FL** Zip Code: **32806**

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
 REGISTERED AGENT MUST SIGN

Date

12/31/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas D. Curry

Date

Daytime Phone #

12/31/01 407894 5588

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