

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 9:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **743637**

1. Corporation Name

AMBASSADORS FOR CHRIST MINISTRIES, INC.

Principal Place of Business

2623 SOUTH BUMBY AVENUE
 ORLANDO FL 32806

Mailing Address

2623 SOUTH BUMBY AVENUE
 ORLANDO FL 32806



REINSTATEMENT 03

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

07/19/1978

5. FEI Number

NOT APPLICABLE

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)

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
PD	HORTON, JAMES R	3000 SUMMIT DR	ORLANDO FL 32804
TD	SLAY, BONNIE SUSAN	4511 HWY 95 A	MOLINO FL 32577
SD	Thomas Covington	1027 Shine Ave	Orlando, FL 32803

800024773728

11/18/03--01015--001 **235.25

8. Name and Address of Current Registered Agent

CURRY, THOMAS D
 2623 SOUTH BUMBY AVENUE
 ORLANDO FL 32806

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. or 617.0505, F.S.

Signature of Registered Agent

Signature of Thomas Curry
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **11/13/2003**

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 of Thomas Curry
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/2003
 Date

Daytime Phone #

CR2E040 (7/03)