

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 12 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746270

1. Corporation Name Christian Mission Followers
of Christ, Inc
CROSS REF. mision Cristiana Seguidores
de Cristo, Inc

2. Principal Office Address

250 CORY Ave NE

Suite, Apt. #, etc.

3. Mailing Office Address

250 Cory Ave NE

Suite, Apt. #, etc.

City & State

Palm Bay FL 32907

Zip

Country

32907

USA

City & State

Palm Bay FL 32907

Zip

Country

32907

USA

300023517053
09/02/09--01072--025 **1461.25

REINSTATEMENT 83-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

66-0379878

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

Francisco Romero

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

250 CORY AVE NE

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32907

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

Francisco Romero
REGISTERED AGENT MUST SIGN

Date 9-9-03

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
PD	Rev. Francisco Romero	250 Cory Ave NE	Palm Bay FL 32907
VD	Frank M Romero	Wavecrest Ave NE	Palm Bay FL 32907
SD	Ada N. Manzano	250 Cory Ave NE	Palm Bay FL 32907
TD	Josue Serrano	Carr 149 Km 18.7 Bo. Perras Sector	Capilla Ciales Puerto Rico 00638
V	Aida Sustache	1474 Meadowbrook Rd	Palm Bay FL 32905
T	Aida Hernandez	A-38 Flamingo Hill Rd	Bayamon Puerto Rico 00639

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:

Francisco Romero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-9-03 (321) 724 4937

Daytime Phone #

CR2E081 (10/02)