

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 23 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 817600

1. Corporation Name

WORLD MISSIONS INC.

Principal Place of Business

Mailing Address

PO BOX 402031  
MIAMI BEACH FL 33140

PO BOX 402031  
MIAMI BEACH FL 33140

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

01/27/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1023412

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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
PT	CLINE, CHARLES	2001 WASHINGTON AVE.	MIAMI FL 33139
SD	POSSIEL, HERBERT L.	542 EUCLID AVE. #5	MIAMI BCH FL 33139
ASAT	GARCIA, JAMES	610 NORTH SHORE DRIVE	MIAMI BCH FL 33141

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-11/08/00--01085--012  
\*\*\*\*236.25 \*\*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLINE, CHARLES  
2001 WASHINGTON AVE.  
#306  
MIAMI BEACH FL 33139

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Oct 19, 2000

CR2E040 (800)

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  
REV. CHARLES M. CLINE

Date

Daytime Phone #

Oct 19, 2000