

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 PO BOX 402031  
 MIAMI BEACH FL 33140 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/27/1972	
City & State		City & State		5. FEI Number	
Zip		Country		59-1023412	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 2000

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

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 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: *Rev. Charles M. Cline* REGISTERED AGENT MUST SIGN Date: *Oct 19, 2000*

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: *Rev. Charles M. Cline* SIGNATURE REQUIRED  
 REV. CHARLES M. CLINE  
 Date: *Oct 19, 2000* Daytime Phone #

CR2E040 (800)