

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FC6000003320

1. Corporation Name United Chaplains

International Ministries Inc.

REINSTATEMENT 07-09

900162766609
11/12/09--01039--017 **183.00
CR2E081 (10/09)

2. Principal Office Address- No P.O. Box #

873-Burn Cir.

3. Mailing Office Address

P.O. Box 2696

Suite, Apt. #, etc.

Lilburn

Suite, Apt. #, etc.

Lilburn GA.

City & State

Georgia USA

City & State

30048

Zip

30047

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-5-2006

5. FEI Number

☐ 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

Correa Leticia

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

1520 Oak Valley Blvd.

Suite, Apt. #, Etc.

City

mineola

State

FL

Zip Code

34715 US



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

Leticia M. Correa

Date

REGISTERED AGENT MUST SIGN

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
P	Gamaliel Gomez	873-Burn Cir	Lilburn GA. 30047
S	Deborah Torres	873-Burn Cir	Lilburn GA. 30047
T	Angel Rodriguez	1162 Palmer Rd	Lithonia GA. 30058

11/13

10. E-mail Address:

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Leticia M. Correa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/09

Date

Daytime Phone#