


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 29 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 02-07		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT# 1. Corporation Name ND000000 2085		
THE GREATNESS OF THE LORD MISSION OF JESUS CHRIST INC		

2. Principal Office Address # 215 SW 2ND AVE Suite, Apt. #, etc. City & State DELRAY BEACH FL Zip 33444		3. Mailing Office Address # 215 SW 2ND AVE Suite, Apt. #, etc. City & State DELRAY BEACH FL Zip 33444	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 03-29-2000	
5. FEI Number 65-0995355	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name SPIEGEL & UTRERA PA		
Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE		
Suite, Apt. #, Etc.		
City CORAL GABLES FL	State FL	Zip Code 33134

8. 1. 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 <i>X Bishop Vladimir Thomas</i> REGISTERED AGENT MUST SIGN	Date 05-22-2003

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	THOMAS VLADIMIR	# 215 SW 2ND AVE	DELRAY BEACH, FL 33444
VSTD	JOSEPH LIRENA	# 215 SW 2ND AVE	DELRAY BEACH, FL 33444
D	JOSEPH ALFRED	# 215 SW 2ND AVE	DELRAY BEACH, FL 33444
S	CALIXTE NARCISSE	# 215 SW 2ND AVE	DELRAY BEACH, FL 33444
T	ESTIME FIMANE	# 215 SW 2ND AVE	DELRAY BEACH, FL 33444

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: <i>X Bishop Vladimir Thomas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 5-22-03 Daytime Phone #

CR2E081 (1002)

9/5/30

5-22-2003

DEAR SIR OR MADAM

PLEASE! I WANT TO WAVE THE AMOUNT OF \$ 175.00; BECAUSE I NEVER
RECEIVE ANY REQUEST FROM YOU.

~~ALL THE MAILED WERE RETURNED TO YOU.~~

PLEASE! UPDATE MY ADDRESS

SINCERELY YOURS

Thomas Vladimirovich
THOMAS VLADIMIR