PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REMEMENT	A DEPARTMENT OF STATE Katherine Harris Secretary of State IVISION OF CORPORATIONS	DIVISION OF CORPORATIONS OI DEC 11 AMI1: 01
DOCUMENT # NOODOOO6410		· · · · · · · · · · · · · · · · · · ·
Church CELESTIAL-MISSION, Inc.		
2. Principal Office Address 706 FAIKINK AVE. 706 Suite, Apt. #, etc. Suite, Apt.	o Office Address o Falkirk Ave. #, etc.	
City & State , City & State	e 1	4. Date Incorporated or Qualified To Do Business in Florida 9-25-2000
$\ \mathbf{v}(\mathbf{a})_{\mathbf{a}} \ = \ \mathbf{v}(\mathbf{a})_{\mathbf{a}} \ $	Cico, FL Country	5. FEI Number Applied For Not Applicable
33594 USA 335	94 USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status of Status
7. Name and Address of Current Registered Agent Name		
City VAIRICO State Zip Code FL 33594		
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 Registered Registere		
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
PRESIDJUAN R. SAJAS 706 FAIKIYK AVE. VAIRICO, FL 33594		
Sect Deleste C. RIVERA 2513 W. Dewey ST. TAMPA, FL 33607		
kespevelyn Neghon	2013 W Dewey	(HIMP# 1 = 33007
		<u> 16 1.</u>
		12/1/01
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: X . SALAS X 12-4-0 Date Daytime Phone #		

And the second s

IGLESIA "MISION GELESTIAL"

4009 N. FLORIDA AVE TAMPA, FLORIDA 33607 TEL. (813) 643-3969 CEL.(813) 230-7290

December 3, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

To Whom It May Concern:

Enclosed please find a Corporation Reinstatement report together with the \$61.25 annual filing fee. Please be advised that we never received the 2001 Uniform Business Report as your records will confirm.

If you have any questions please contact us at (813) 643-3969.

Sincerely,

Juan R. Salas Pastor-President

DIVISION OF CORPORATIONS

OI DEC 11 AM 8:31