

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 27 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N000000006554

1. Corporation Name

Global Rescue Mission, INC.

2. Principal Office Address

301 South Olive Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33401

Country

USA

Zip

33401

Country

PB(USA)

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/25/2000

5. FEI Number

562473256

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

PIERRE MASSILLON

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

301 South Olive Ave

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33470

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

Pierre Massillon

REGISTERED AGENT MUST SIGN

Date 12/02/04

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
1	President Pierre Massillon	17436 - 82nd Rd	Lox FL 33470
2	Vice President DAVID ALEXIS	2120 Ocheechee	W. P. B. FL 33401
3	Treasurer Francis May	2120 Ocheechee	W P B FL 33401
4	Secretary Rose Massillon	17436 - 82nd	Lox FL 33470

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:

Pierre Massillon

12/2/04 - 561-252-0467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)