

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 30 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004689

1. Corporation Name

AMAZING GRACE WORLD MISSIONS INC.

W07-12460

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

2313 HOME AGAIN RD

3. Mailing Office Address

2313 HOME AGAIN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA, FL

Zip

32712

Country

USA

Zip

32712

Country

USA

REINSTATEMENT 02-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

56-229-6563

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

NIXON FRANCISQUE

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

2313 HOME AGAIN RD.

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32712

☐ 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 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03/06/07

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
COORDINATOR	NIXON FRANCISQUE	2313 HOME AGAIN RD	APOPKA FL 32712
SECRETARY	RUBIN IFRAENNE	3631 SHALIMAR CT	ORLANDO FL 32818
TREASURY	MYRLENE C MONPLAISIR	5407 CEDAR LN	ORLANDO FL 32811
ASST. TREASURY	CLAUDE JULIEN	7401 SILVER LACE	ORLANDO FL 32818
ASST. SECRETARY	SAGET CELIUS	6727 ALTA WESTGATE	ORLANDO FL 32818

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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 contained in Chapter 119, 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:

NIXON Francisque

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-07-07

Date

Daytime Phone #

(407) 697-8226

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