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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT			TMENT OF STATE  y of State  ORPORATIONS		18 PM 2 ART OF S ISSEE, FL	ATE	•	
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	,		•	F	EMST	aten	IENT <sub>02</sub>	2-03	
	al Office Address	4.4	3. Mailing Office Addres	3. Mailing Office Address		998637	-7008 N 18	3.75	
2261 N.W. 58+ SX			SAME AS	j					
Suite, Apt. #	<b>#,</b> etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida.				
City & State MIAMI			I		5. FEI Number Applied For Not Applicable				
Zip Country		Zip Country		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required					
3.3/1	2	U 5 A	33/42	-DAGE	CERTIFICATE OF	STATUS DESIRE		ate of Status	
7. Name and Address of Current Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  22(e) N.W. 5 g th 9/2000  Suite, Apt. #, Etc.									
•	City MINI	f _	State Zip Co	de 149					
8. I, being Signature o Registered	1 8/	hi Sho	ve named corporation, am f	amiliar with and accept the ol	bligations of section 6	07.0505 or 617.	0503, F.S.	CR2E081 (10/02)	
9. Names	and Street Address	es of Each Officer and	1/or Director (Florida nonpro	fit corporations must list at le	ast 3 directors)				
Titles	Offi	Name of cers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip			
4/0	JOE Du	ictant	2261	2261 N.W. 58th Steet			The 331	145	
V/D	MARCH Trussaint 2261 N.W 58th				kert 11	MAMI.	7/4 33/s	2	
1	15111 K	LE	2261	2261 N.W. 58 H Speet			MIAME HA 33192		
4	Willie	J. Jawa	cs 2261	2261 N.W. 58 Hr Street		Miami Ha 33142			
	u.				-   -	1:0	1		
		,,,,,				M	4/24		
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 filling 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:									
CIGITA	SIGNATI	DE AND THE BOOK	WED HAME OF SIGNING OF	FICER OR DIRECTOR	District Di	ate s	Daytime Phone #		

Phone:

FAX: 305-634-1224

e-mail: bishopjones49@aol.com

Tuesday, November 11, 2003

Department Of State Division Of Corporations PO BOX 6327 Tallahassee, Florida 32314 Reinstatement

Dear Sr. / Madam

In reviewing the web site it was brought to my attention that our corporation was inactive for administration dissolution for annual report. Our name is Ministry Ambassador Of Jesus Christ Inc. Document # N01000001634 EIN # 03-0389752. Please note that we have never receive a notice concerning a renewal of a ubr. Enclose in this letter you will find the necessary document and fees to re-activate our corporation. These fee arre for the years of 2002 trough 2004. We appreciated your full understanding in make your decision in granting our renewal status.

Willie J Jones