

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000004148**

1. Corporation Name

CHRISTIAN MONEY MANAGEMENT ASSOCIATION INC

Principal Place of Business

Mailing Address

995 SR 434 N
SUITE 2722
ALTAMONTE SPRINGS FL 32714

995 SR 434 N
SUITE 2722
ALTAMONTE SPRINGS FL 32714

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/2002

5. FEI Number

61-1414605

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VILA, JORGE	995 SR 434 N SUITE 2722	ALTAMONTE SPRINGS FL 32714
S	SAVINON, RAFAEL	280 SO FAIRBAIRN DR	DELTONA FL 32729
V	ZACCARDI, ADRIAN	8529 PECONIC DR	ORLANDO FL 32835

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/15/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 407-865-5433

FILED

03 OCT 22 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

Wednesday, October 15, 2003

Division Of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Ref: Application For Reinstatement for
Christian Money Management Association Inc. - # N02000004148
American Financial Mortgage Company- #P01000083096

Dear Sirs:

Enclosed please find the applications for reinstatement for the above reference corporations.
Please note that we did not receive any prior notification advising the UBR were improperly filed.

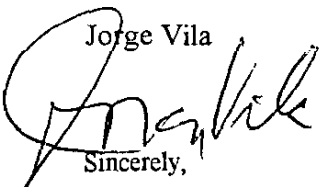
Upon receipt of the Dissolution I called and was informed of the errors. The one for Christian Money Management Association Inc. was missing the FEI number and the one for American Financial Mortgage Company was short by \$88.75 in the filing fee. Sorry for the errors, both were an oversight.

Enclosed please the application with the corrections and check # 1236 in the amount of \$88.75 for the the difference in the filing fee for American Financial Mortgage Company.

Thank you very much.

God Bless,

Jorge Vila



Sincerely,

George Vila