PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED 03 OCT 31 - PM 5: 58
DOCUMENT # NO200005157 1. Corporation Name INTERNATIONAL CAMPAIGNETOR Christ, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address POBOX 677276	3. Mailing Office Address 91515hadow Brook	800024297618 10/31/0301007006 **236.25
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified 7-0/-2002
City & State OR LAND 7	City & State ORLANDO FC	5. FEI Number Applied For Not Applied bis
32867 USA	219 28-27 Country 45 A	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City Code FL 32825		
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 Nust SiGN		
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	
Jeremial Cym	mines 975/Shalow b	wook Orlando 7c32825
VL Silas Chuml	ey 13508 mattapon	4D- Woodh le Va. 22193
JOEN FrASI	Er 7916 ColorAd	Spring Sampel Da 12153
		V W
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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 games 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 Optime Spone #7.0.0401		