

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

<b>CORPORATION REINSTATEMENT</b>	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

05 JUL -7 AM 9: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N02000006813

1. Corporation Name

**CHRIST CENTERED CRUSADES INTERNATIONAL, INC.**

2. Principal Office Address <b>100 S BUMBY AVE</b> Suite, Apt. #, etc.		3. Mailing Office Address  Suite, Apt. #, etc.	
City & State <b>ORLANDO, FL</b>		City & State	
Zip <b>32803</b>	Country <b>USA</b>	Zip	Country

**REINSTATEMENT** 04-05

4. Date Incorporated or Qualified To Do Business in Florida <b>9/4/2002</b>	
5. FEI Number <b>59-3730892</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name <b>SAMS, LOLA</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>4690 OLD WINTER GARDEN RD</b>		
Suite, Apt. #, Etc.		
City <b>ORLANDO</b>	State <b>FL</b>	Zip Code <b>32808</b>

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

**100057663231**  
07/19/05--01042--014 \*\*122.50  
Date **6/29/2005**

**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
PD	SAMS, LOLA	4690 LOD WINTER GARDEN RD	ORLANDO, FL 32808
D	ZEEK, HLLARD	2205 ARTRIUM CIRCLE	ORLANDO, FL 32808
D	ZEEK, GLADYS J	2205 ARTRIUM CIRCLE	ORLANDO, FL 32808
D	LAMB, PEGGY	171 SHERMAN DR CIRCLE	INTERLACHEN, FL 32148

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/2005

Date

(407) 895-5933

Daytime Phone #

Robinson and Robinson Inc.

JUNE 20, 2005

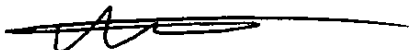
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that CHRIST CENTERED CRUSADES INTERNATIONAL, INC. , has relocated. The named Corporation did not receive a Annual Corporate Reports, for the years (2004) and (2005). Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$122.50 is enclosed for the said years. If there are any questions you can contact me at (407) 895-5933. Document #N02000006813.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson