

**2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 16, 2006  
Secretary of State**

DOCUMENT# N04000001019

Entity Name: MODELS FOR CHRIST CORP.

**Current Principal Place of Business:**

3417 GARDEN LANE  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

3417 GARDEN LANE  
MIRAMAR, FL 33023

**New Mailing Address:**

FEI Number: 16-1717030      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MATHESON-BAILEY, SUSAN  
3417 GARDEN LANE  
MIRAMAR, FL 33023      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUSAN MATHESON-BAILEY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MATHESON-BAILEY, SUSAN J  
Address: 3417 GARDEN LANE  
City-St-Zip: MIRAMAR, FL 33023

Title: P      ( ) Delete  
Name: CRAWFORD, PALL A  
Address: 3417 GARDEN LANE  
City-St-Zip: HOLLYWOOD, FL 33023

Title: T      ( ) Delete  
Name: MATHESON, DONNA M  
Address: 1460 N.W. 194TH STREET  
City-St-Zip: MIAMI, FL 33023

Title: C      ( ) Delete  
Name: MORRIS, ASHLEY J  
Address: 3417 GARDEN LANE  
City-St-Zip: HOLLYWOOD, FL 33023

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: B      ( ) Change (X) Addition  
Name: COOMBS, SIMONE T  
Address: 3417 GARDEN LANE  
City-St-Zip: HOLLYWOOD, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PALL CRAWFORD

Electronic Signature of Signing Officer or Director

P

10/16/2006

Date