PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # N DY 000001019 1. Corporation Name		09 JUL 16 PM 2:55	
MODELS FOR Christ CORP 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 3417 GARDEN LN Suite, Apt #, etc. Suite, Apt #, etc.		ECID 158591955 07/16/0901043004 **193.75 PEINSTATEMENT 07-09 CR2E081 (12/08) 07-09	
City & State HOLLY WOOD FL HOLL Zip Country Zip 33023 USA 330	Country	5. FEI Number CERTIFICATE OF	Applied For
7. Name and Address of Current Registered Agent Name Susan Platheson Barley Street Address (P.p. Box Number is Not Acceptable) Sulfan DEN LANE Suite, Apt. #. Etc. City Holly Odd FL 33023		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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 Date 7/13/09 REGISTERED AGENT MUST 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		City / State / Zip
P SUSAN BAILEY	3417 GARDEN	LANE	Hollywood F1 33023
VP Paul A. Crowines	3417 GARDEN	LANE H	18/11/Ward, F/ 33023
- Donna Hatheson 1460 NW 1944		S+	10mi, FL 33169
B SIMONE COOMBS	SIMONE COOMBS 3417 GARDEN		tolly wood f/ 33023
T EMERY CLARKE	4211 NW 19th	St L	Auderhill, FL 33313
C ASHLEY Morris	3417 GARDEZI	LANE 1	48 llywood Fl 33023
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 contained in Chapter 119, 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 cath. SIGNATURE: Susan Watherson Pauleu SIGNATURE: Susan Pauleu SIGNATU			
SIGNATURE: SUSAN PLATHESCH HALLESCH HALLESCH Dale Daytime Phone #			