

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # n04000003361

1. Corporation Name

CHAPLAINS IN THE HANDS OF GOD INC

2. Principal Office Address - No P.O. Box #

8650 NW 9 AVE

Suite, Apt. #, etc.

City & State

OCALA

Zip

34475

Country

MARION

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

34475

Country

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 20 PM 1:29

REINSTATEMENT

07-10

4. Date Incorporated or Qualified

To Do Business in Florida 08/02/2004

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIA ELENA NUNEZ

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

8650 NW 9 AVE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34475

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

FEBRUARY 12, 2010

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
PRES	MARIA E NUNEZ	8650 nw 9 ave	OCALA FL 34475

10. E-mail Address: elpanvivo@aol.com

(To be used for future annual report notification)

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. I further certify, 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]

maria e nunez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/2010 352

Date

Daytime Phone #

267-7773