

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N07000004840**

1. Corporation Name

MARANATHA INTERNATIONAL CHRISTIAN MINISTRIES INC

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

249 NE 166 STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33162

Country

DADE

3. Mailing Office Address

249 NE 166 STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33162

Country

DADE

4. Date Incorporated or Qualified

To Do Business in Florida 5/14/2007

5. FEI Number

26-0192052

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

EBINS GUERRIER

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

1630 NW 153 STREET

Suite, Apt. #, Etc.

City

MIAMI GARDENS

State

FL

Zip Code

33054

☒ 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

REGISTERED AGENT MUST SIGN

Date 01/26/2010

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
PRESIDENT	EBINS GUERRIER	1630 NW 153 STREET	MIAMI GARDENS FL 33054
VICE PRESIDENT	RUDY THEOPHIN	1793 MAIN STREET	MIAMI LAKES FL 33014
SECRETARY	BEATRICE ISAAC	1501 BISCAYNE BOULEVARD	MIAMI FL 33132

REINSTATEMENT 08-10  
X 2/2

10. E-mail Address: maranathaminstie@hotmail.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:

Guerrier EBINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/2010 786 4398277

Date

Daytime Phone #