

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 23 AM 7:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **No7000006896**

1. Corporation Name
ONE WAY INTERNATIONAL MINISTRIES INC

800146843878
03/23/09--01040--022 **297.50
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 8370 W FLAGLER ST		3. Mailing Office Address 8370 W FLAGLER ST	
Suite, Apt. #, etc. 222		Suite, Apt. #, etc. 222	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33144	Country USA	Zip 33144	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/12/07	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. FEI Number	
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
Sergio Betancourt

Street Address (P.O. Box Number is Not Acceptable)
8370 W FLAGLER ST. #222

Suite, Apt. #, Etc.
#222

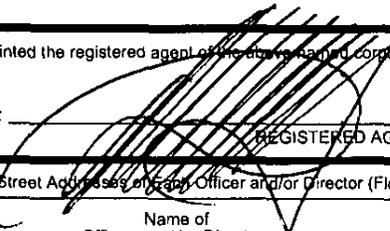
City
Miami

State
FL

Zip Code
33144

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

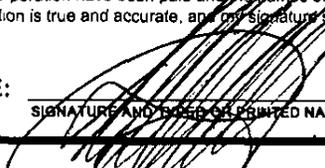
Date **03-16-09**

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	Blinnells, Dora	Miami, FL, Suite 222 8370 W FLAGLER ST,	Miami/FL/33144
VD	Betancourt, Sergio	8370 W FLAGLER ST, #222	Miami, FL/ 33144
SD	Betancourt, Sergio A.	8370 W FLAGLER ST, #222	Miami/FL/33144

REINSTATEMENT RH

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 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 oath.

SIGNATURE:  _____

Date **03-16-09** Daytime Phone # _____

SIGNATURE AND DATE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR