PLEASE READ ALL INSTRUCTIONS EEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			SEURE TARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # N07000010709 1. Corporation Name			10 SEP 30 PM 3: 13
MISSIONARY CHURCH OF CHRIST, INC.			
Principal Office Address - No P.O. Box # 3: Mailing Office Address		200185460592 09/15/1001024001 **297.50	
Suite, Apt # etc. Suite, Apt. #		8255	CR2E081 (6/10) 4. Date incorporated or Qualified
CHY & State FORT 87 Lucie FC ZIP_ Country	PORT ST. LUCTE, FL.		5. FEI Number Applied For 27-0790250 Not Applicable
34983 USA	34984	ST. LUCIE	6. CERTIFICATE OF STATUS DESIRED 6. \$8.75 Additional Fee required for a Certificate of Status
ELIASIB. CORTES Street Address (P.O. Box Number is Not Acceptable) 498 NW ARCHER AVENUE 1390.S.C. Donchesto Suite, Apt. #, Etc. City PORT ST LUCIE State FL 34983			
8. 1, being appointed the registered agent of the above Signature of Registered Agent	Date Date		
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	
PVS ELIASIB CORTES	498	NW ARCHER AVE	
ORLANDO ARES	1.966	OCALA ROAD	NORTH PALM BEACH FLORIDA 33408
	REINS	TALLIYII	B10116
10. E-mail Address: (To be used for future annual report notification) (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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			