# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N09245

1. Entity Name
THE CHRISTIAN MEDIATION SERVICES OF FLORIDA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 14 PM 2:01

| Principal Place of Business | Mailing Address |
|---|---|
| 10850 SW 113 PLACE<br>209<br>MIAMI, FL 33176 | 10850 SW 113 PLACE<br>209<br>MIAMI, FL 33176 |

10102007 REIN-NP CR2E099 (1/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 9010 SW 137 Ave. | 9010 SW 137 Ave |
| Suite, Apt. #, etc.: 241 | Suite, Apt. #, etc.: 241 |
| City & State: Miami FL | City & State: Miami, FL |
| Zip: 33186 Country: USA | Zip: 33186 Country: USA |

4. FEI Number: 59-2670019 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MCMURRAY, LOUISE H<br>10850 SW 113 PLACE<br>SUITE 105<br>MIAMI, FL 33176 | Name: McMurray, Louise H<br>Street Address (P.O. Box Number is Not Acceptable): 9010 SW 137 Ave. Suite 241<br>City: Miami FL Zip Code: 33186 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Louise H. McMurray, Louise H. McMurray, Pres. 10/10/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $236.25**
**After January 1, 2008, Fee will be $297.50**

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE | PD ☐ Delete | TITLE | PD ☑ Change ☐ Addition |
| NAME | MCMURRAY, LOUISE H | NAME | McMurray, Louise H. |
| STREET ADDRESS | 10850 SW 113 PLACE | STREET ADDRESS | 9010 SW 137 Ave #241 |
| CITY-ST-ZIP | MIAMI, FL 33176 | CITY-ST-ZIP | Miami, FL 33186 |
| TITLE | VSD ☐ Delete | TITLE | VSD ☑ Change ☐ Addition |
| NAME | MCMURRAY, JANET L | NAME | McMurray, Janet L. |
| STREET ADDRESS | 19700 SW 302 ST | STREET ADDRESS | 7721 NW 7 St., #710 |
| CITY-ST-ZIP | HOMESTEAD, FL 33030 | CITY-ST-ZIP | Miami FL 33126 |
| TITLE | TD ☐ Delete | TITLE | TD ☑ Change ☐ Addition |
| NAME | MCMURRAY, SEAN K | NAME | McMurray, Sean K |
| STREET ADDRESS | 689 LAKESIDE DR | STREET ADDRESS | Bei Den Garten 5 |
| CITY-ST-ZIP | ROBINS AFB, 31098 | CITY-ST-ZIP | Oberarnbach, Germany |
| TITLE | D ☐ Delete | TITLE | D ☐ Change ☑ Addition |
| NAME | McMu | NAME | McMurray, Kimberly |
| STREET ADDRESS | | STREET ADDRESS | Bei Den Garten 5 |
| CITY-ST-ZIP | | CITY-ST-ZIP | Oberarnbach, Germany |
| TITLE | ☐ Delete | TITLE | D ☐ Change ☑ Addition |
| NAME | REINSTATEMENT | NAME | Bail, Julia |
| STREET ADDRESS | | STREET ADDRESS | 7900 Cypress Place |
| CITY-ST-ZIP | | CITY-ST-ZIP | Chevy Chase, MD 20815-5929 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | S00112246169 |
| STREET ADDRESS | | STREET ADDRESS | 11/14/07--01003--021 **236.25 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

11/14/07

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Louise H. McMurray Louise H. McMurray 10/10/07 (305) 279-7729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #