


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N0000008037			
1. Corporation Name MISSIONARIES FOR JESUS			
2. Principal Office Address - No P.O. Box # 203 VANCOUVER CIRCLE Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
INTERLACHEN City & State		FLORIDA City & State	
32148 Zip		32148 Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida 10-AUG-2012			
5. FEI Number 74-2223660			
CERTIFICATE OF STATUS DESIRED 3612			
\$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent GEORGE J. CALLAWAY Street Address (P.O. Box Number is Not Acceptable) 203 VANCOUVER CIRCLE Suite, Apt. #, Etc. INTERLACHEN City FLORIDA State FL Zip Code 32148			
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 George J. Callaway Date 2-28-14 REGISTERED AGENT MUST SIGN			
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	GEORGE CALLAWAY	203 VANCOUVER CIRCLE	INTERLACHEN FL
V	RUTH CALLAWAY	" "	" "
S	PAT CALLAWAY	667 KITTY	" "
REINSTATEMENT			
APR 09 2014 R. HUNT			
10. E-mail Address: YAH777@WINDSTREAM.NET (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: George J. Callaway Date 2-28-14 386-684-4222 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			