


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2012-2015		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 15 DEC 29 AM 0:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA							
DOCUMENT # <u>N11000002957</u>											
1. Corporation Name <u>DISCIPLESHIP INTERNATIONAL MINISTRIES INC</u>											
2. Principal Office Address - No P.O. Box # <u>1558 PROVIDENCE CIRCLE</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>1558 PROVIDENCE CIRCLE</u> <small>Suite, Apt. #, etc.</small> <u>ORLANDO</u> <small>City & State</small> <u>FLORIDA</u> <small>City & State</small>		<div style="text-align: right;">CR2E081 (11/10)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">4. Date Incorporated or Qualified To Do Business in Florida <u>3/22/2011</u></td></tr><tr><td>5. FEI Number</td><td><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">6. CERTIFICATE OF STATUS DESIRED <u>YES</u> <small>\$8.75 Additional Fee required for a Certificate of Status</small></td></tr></table>		4. Date Incorporated or Qualified To Do Business in Florida <u>3/22/2011</u>		5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	6. CERTIFICATE OF STATUS DESIRED <u>YES</u> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
4. Date Incorporated or Qualified To Do Business in Florida <u>3/22/2011</u>											
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable										
6. CERTIFICATE OF STATUS DESIRED <u>YES</u> <small>\$8.75 Additional Fee required for a Certificate of Status</small>											
<small>Zip</small> <u>32818</u> <small>Country</small> <u>USA</u>		<small>Zip</small> <u>32818</u> <small>Country</small> <u>USA</u>									
7. Name and Address of Current Registered Agent				<div style="font-size: 1.2em;">000280451770</div> <div>12/23/15--01022--004 **428.75</div>							
<small>Name</small> <u>GEORGE ELLINGTON</u>											
<small>Street Address (P.O. Box Number is Not Acceptable)</small> <u>1558 PROVIDENCE CIRCLE</u> <small>Suite, Apt. #, Etc.</small>											
<small>City</small> <u>ORLANDO</u>		<small>State</small> <u>FL</u>	<small>Zip Code</small> <u>32818</u>								
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.											
<small>Signature of Registered Agent</small> <u>George W. Ellington</u> <div style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></div>				<small>Date</small> <u>12/22/15</u>							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>								
<u>PRESIDENT</u>	<u>GEORGE ELLINGTON</u>	<u>1558 PROVIDENCE CIRCLE</u>	<u>ORLANDO FLA 32818</u>								
<u>VP</u>	<u>CYNTHIA ELLINGTON</u>	<u>1558 PROVIDENCE CIRCLE</u>	<u>ORLANDO FLA 32818</u>								
<u>SEC</u>	<u>GLADYS ELLINGTON</u>	<u>7215 LAND HILL DR</u>	<u>ORLANDO FLA 32818</u>								
<u>TREASURER</u>	<u>ALBERT BEVIE</u>	<u>43 LESENE ST</u>	<u>KISSIMEE FLA 34744</u>								
10. E-mail Address: <u>GEORGEELLINGTON@bellsouth.net</u> <small>(To be used for future annual report notification)</small>											
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: <u>George W. Ellington</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> <u>12/22/15</u> <small>Daytime Phone #</small>							