PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	EINSTATEMENT		Secre	DEPARTMENT OF STATE Secretary of State Ision of corporations			SECRETARY OF STATE TALLAHA SSEE, FLORIDA 12 MAY 15 AN 10: 47		
DOCUMENT # N/2667 1. Corporation Name Christian Unity Move				ement, INC REIN		STATEMENT.			
2. Principa	al Office Address - No) P.O. Box #	3. Mailing Office Ad	<u>—22353</u> 04/21			00230411872 3/1201045002 **980.00		
2121 Jessie WAY Suite, Apt. #, etc.				2/2/ <i>Jessie Way</i> Suite, Apt. #, etc.			CR2E081 (11/10)		
City & State			City & State	City & State			Date Incorporated or Qualified To Do Business in Florida		
210 324	Pley, Francisco Country 128 U.	L Y ISA	211 Pley, 32428	Country	'SA		E OF STATUS DESIRED S8.75 Address of STATUS DESIRED	Not Applicable dditional Fee required certificate of Status	
	•		f Current Registered A	Agent		20	200230411872		
Name Sheffield, Simon Rev. Street Address (P.O. Box Number is Not Acceptable) 2/2/ Jessie WAY Suite, Apt. #, Etc. City Chiples State Zip Code 32428						05/15/1201044001 **61.25			
R I being	appointed the register	wed agent of the abor	ere named cornoration.		J-7-0	hlinations of section	~ 807 0505 or 617 0503. F.S.		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligate Signature of Registered Agent / /www. Smooth Signature of Registered Agent MUST SIGN							Date April 14, 2621		
9. Names	and Street Addresser	s of Each Officer and	d/or Director (Florida nor	inprofit corpo	rations must list at lea	ast 3 directors)			
Titles	Office	Name of ers and/or Directors			treet Address of Each officer and/or Director		City / State / Zi	ip	
POT	Rev. Si	Rev. Simon Sheffield		2121 Jessic Way		Vny	Chipley, FL 32428		
VOT	HORACE M. Sheffield			2633 Hightaver CT.		ATLANTA, GA 30318			
STD.	KATIE Sheffield		eld 41	4145 Glad Morning DR.		ing DR.	ATLANTA, GA 30349		
							MAY 2 1 2	2012	
							T. CAUL	ΕΥ	
10. E-mail Address: Simon Shelfield @ Unhoo. Com (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 talse information submitted in a document to the Department of State constitutes a third degree follows as provided for in a 817,455. E.S.									