PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 UB2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -7 PM 4:00

DOCUMENT # N28264

1. Corporation Name

PANORAMA CHRISTIAN CENTER MINISTRIES, INC.

Principal Place of Business	Mailing Address
4760 NW 167TH STREET MIAMI FL 33014	P.O. BOX 2062 MIAMI FL 33055 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/09/1988

5. FEI Number: 65-0131226 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MCKENZIE, EMANUEL J.	1967 SW 94 AVE	MIRAMAR FL 33025
VSTD	MCKENZIE, KATHY L.	1967 SW 94 AVE	MIRAMAR FL 33025
~~D~~	~~SMALL, CARLTON~~	~~3480 N.W. 195TH TERRACE~~	~~CORAL CITY FL~~
D	JOHNSON, HENRY	841 NW 213th TERRACE	MIAMI, FL 33169
			800004739488--9 -12/26/01--01077--024 *****70.50 *****70.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MCKENZIE, KATHY 1967 SW 94 AVE MIRAMAR FL 33025	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. AD City / State FL / Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Kathy L. McKenzie — REGISTERED AGENT MUST SIGN — Date: Oct. 27, 2001

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Kathy L. McKenzie — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: Kathy L. Mckenzie 10/27/01 — Daytime Phone #: (305)620-9972