

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 APR 23 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N37846**

1. Corporation Name

A.M.I.C- Christian International Missionary Relief, Inc.

2. Principal Office Address - No P.O. Box #

947 S.W.Thornwood Circle

3. Mailing Office Address

947 S.W.Thornwood Circle

Suite, Apt. #, etc.

Apt. 103

Suite, Apt. #, etc.

Apt. 103

City & State

Lake City, Florida

City & State

Lake City, Florida

Zip

32025

Country

USA

Zip

32025

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04-26-1990

5. FEI Number  
650196538

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos Diaz Blanco

Street Address (P.O. Box Number is Not Acceptable)

947 S.W.Thornwood Circle

Suite, Apt. #, Etc.

Apt. 103

City

Lake City

State

FL

Zip Code

32025

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 04-16-2010

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
P	Carlos Diaz Blanco	947 S.W.Thornwood Circle	Lake City, Florida 32025
V	Johnny Prada	7162 W.17th Court	Hialeah, Florida 33016
T	Silvina Roque	11940 S.W. 188 th St.	Miami, Florida 33177
S	Omaida Diaz	947 S.W.Thornwood Circle	Lake City, Florida 32025

10. E-mail Address: omacar1910@yahoo.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., 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.

SIGNATURE:

*Carlos Diaz Blanco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-2010 386-752-7863

Date

Daytime Phone #

4/12/2010