

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

02 JUL 22 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N41920**

1. Corporation Name

Messiahs Missions, Inc

2. Principal Office Address

3027 Needles Drive

Suite, Apt. #, etc.

3. Mailing Office Address

3027 Needles Dr

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

Zip

32810

Country

ORANGE

Zip

32810

Country

ORANGE

4. Date Incorporated or Qualified  
To Do Business in Florida

4/17/2001

5. FEI Number

593046230

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

Stephen Halpin

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

3027 Needles Drive

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32810

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

*Stephen J. Halpin*

REGISTERED AGENT MUST SIGN

Date

6/10/2002

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
DIR.	Stephen Halpin D	3027 Needles Dr Orlando, FL	Orlando, FL 32810
TRES	DIANE Halpin D	3027 Needles Dr	Orlando, FL 32810
Sec	Warren Mueller D	4095 Apopka Vineyard	Orlando, FL 32819

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stephen J. Halpin*

Date

6/5/2002

Daytime Phone #

(407) 876-3480

CR2E061 (8/01)