

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY 12 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N43821

1. Corporation Name

Missionary Center Church, Inc.  
Defenders of the Christian Faith Movement

2. Principal Office Address

1411 N. Dean Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32825

Country

USA

3. Mailing Office Address

7506 Laurel Springs Dr.

Suite, Apt. #, etc.

Winter Park, FL

City & State

Zip

32792

Country

Orange

**REINSTATEMENT**

03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3069425

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

David Laureano

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

7506 Laurel Springs Dr.

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

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

David Laureano

Date

5/1/05

REGISTERED AGENT MUST SIGN

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
VPD	Miriam Laureano	7506 Laurel Springs Dr.	Winter Park, FL 32792
P	David Laureano	7506 Laurel Springs Dr.	Winter Park, FL 32792
T	Andrea Hernandez	9926 Dean Oaks Ct.	Orlando, FL 32825
T	Emmy Hernandez	1531 Brookbridge Dr	Orlando, FL 32825
S	Linette Laureano	7506 Laurel Springs Dr	Winter Park, FL 32792

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:

Miriam Laureano  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05  
Date

407-678-6074  
Daytime Phone #

CR2E081 (01/05)