

W04000011875

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 50338

1. Corporation Name

CHRISTIAN EXTENSION MINISTRIES INC

2. Principal Office Address

10100 W Sample Rd

Suite, Apt. #, etc.

329

City & State

CORAL SPRINGS

Zip

33065

Country

BROWARD

3. Mailing Office Address

9861 W. Sample Rd

Suite, Apt. #, etc.

171

City & State

CORAL SPRINGS

Zip

33065

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650347808

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

OSUALDO O. MARINO

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

10100 W SAMPLE Rd. Ste 329

Suite, Apt. #, Etc.

329

City

CORAL SPRINGS

State

FL

Zip Code

33065

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 03/18/04

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
PRES	OSUALDO O. MARINO	10100 W SAMPLE Rd	C.SP. FL 33065
SEC	GUILLERMO LARES	8810 SW 132 PL #401	MIAMI FL 33186
TREAS	MONICA S. RUIZ	10100 W. SAMPLE Rd	C. SPRINGS FL 33065
DIRECT	JANELLE AZARET	4525 SW 146 Ct.	MIAMI FL. 33175

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

03/18/04

Date

954753-5759

Daytime Phone #

CR2ED01 (01/04)

B

2 of 2

Christian Extension Ministries Inc
10100 W Sample Rd – Coral Springs FL 33065
Ph. 954-753-5759

Florida Department of State
Division of Corporations
POBox 6327 FL 32314

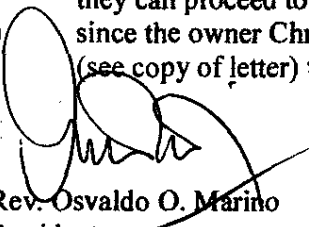
04/26/04

Ref. Your Letter # 804A00019856 (See attached)

You letter is wrong for you are not giving us the credit of the \$122.50 you collected in January of 2003 and never credited to our account

In January 2003 we sent you check #1245 to pay for the reinstatement and we sent all the needed forms. (see copy form Bank of America attached)

1. We never heard back from you so we believed reinstatement had taken place.
2. When we didn't receive this year's 2004 renewal we called and found out that you never did the reinstatement in January 2003 but kept the money.
3. So finally if your letter (per reference) points that we owe you \$358.75 minus for reinstatement, if you subtract the credit of \$122.50 you owe us; the total payment for reinstatement is \$236.25 which we are including here with check # 1819.
4. If a caring and efficient person happens to be doing this transaction, I would appreciate if you let the people of the Fictitious Name Department know that they can proceed to reinstate the Fictitious name Doxa International University since the owner Christian Extension Ministries has just been reinstated by you (see copy of letter) thank you.



Rev. Osvaldo O. Marino
President