

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUL 16 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000494

1. Corporation Name  
*Baptist Christian Assom bly  
MISSION OUTREACH, Inc.*

6/21/10 01060 008 236-25  
700182817777  
07/01/10--01036--010 \*\*70.00

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

*1160 SW 31 AV*

Suite, Apt. #, etc.

3. Mailing Office Address

*3211 N.W 43 AV*

Suite, Apt. #, etc.

City & State

*Ft. Lauderdale FL*

City & State

*Lauderdale Lakes FL*

Zip

*33312*

Country

*U.S.A*

Zip

*33319*

Country

*U.S.A*

**REINSTATEMENT 09-10**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

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  
*Estangel Desire*

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

*3211 N.W 43 AV*

Suite, Apt. #, Etc.

City

*Lauderdale Lakes*

State

*FL*

Zip Code

*33319*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*6/25/10*

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   | <i>Estangel Desire</i>            | <i>3211 N.W 43 AV</i>                          | <i>Laud Lakes FL 33319</i> |
| Sec    | <i>Johanne M. Desire</i>          | <i>2520 N.W 39 WAY</i>                         | <i>Lauderhill FL 33311</i> |
| Treas  | <i>Josette Joseph</i>             | <i>1721 N.W 27 AV</i>                          | <i>Ft Laud FL 33311</i>    |
| Mem    | <i>Rony Doreste</i>               | <i>661 SW 28 WAY</i>                           | <i>Ft Laud, FL 33312</i>   |
|        |                                   |  |                            |
|        |                                   |  |                            |

10. E-mail Address: *Estangel 48 @ 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:

*Josette Joseph*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/25/10*

Date

Daytime Phone #