

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -3 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003877

1. Corporation Name

DOWNEAST CHRISTIAN MINISTRIES INC.

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

1455 S.W. SILVER PINE WAY

3. Mailing Office Address

2164 S.W. MONTERREY LANE

Suite, Apt. #, etc.

106D1

Suite, Apt. #, etc.

City & State

PALM CITY, FL.

City & State

PORT ST. LUCIE, FL.

Zip

34990

Country

U.S.

Zip

34953

Country

U.S.

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REINSTATEMENT 10

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

65-6515924

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

CHERYL BRYAN

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

1455 SW SILVER PINE WAY

Suite, Apt. #, Etc.

106D1

City

PALM CITY

State

FL

Zip Code

34990

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

Cheryl Bryan
REGISTERED AGENT MUST SIGN

Date 12-27-2010

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
PD	BRYAN, CHERYL	1455 SW SILVER PINE WAY 106D1	PALM CITY, FL 34990
VD	BRYAN, DEAN	127 HEARTHSTONE RD.	STANDISH, ME 04083
D	IRON, AL	2386 SW ISLAND CREEK TR	PALM CITY, FL 34990
STD	SHENNING, JOHN	2164 SW MONTERREY LN.	PORT ST. LUCIE, FL. 34953
		<i>1/14/11</i>	

10. E-mail Address: JSHENNING20@GMAIL.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:

John Shenning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-10
Date

7728794665
Daytime Phone #