

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 21 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000468

1. Corporation Name

MINISTRY SANCTUARY of Restoration, Inc.

REINSTATEMENT 02-64

2. Principal Office Address

307 W. BASS ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 450657

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

Zip

34741

Country

USA

Zip

34745

Country

USA

700009417357

06/03/04--01018--001 **123.75

12/09/02 01046 015 \$70.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3299496

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

ISABEL DELGADO

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

307 W. BASS STREET

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

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

X Isabel Delgado

REGISTERED AGENT MUST SIGN

Date

5/1/04

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
P/D	ISABEL DELGADO	307 W. BASS ST	Kissimmee, FL 34741
T	SANDRA Velez	307 W. BASS ST	Kissimmee, FL 34741
D/c/s	Jose U. RIVERA	307 W. BASS ST	Kissimmee, FL 34741
D	Jose Hoyd	307 W BASS ST	Kissimmee, FL 34741
D	OLGA Bird	307 W BASS ST	Kissimmee, FL 34741

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:

X Isabel Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

Date

407-518-9960

Daytime Phone #

CR2E081 (01/04)

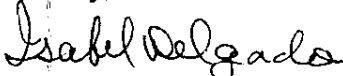
May 6, 2004

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear: Sirs

Enclosed you'll find check for the amount of \$123.75 and the reinstatement form for "Ministry Sanctuary Restoration, Inc." Doc# N95000000468. Per telephone conversation with Tina, from your department, this will cover the amount due to restore our corporation with the state. Please accept our apologies for the delay it seems that because we have moved numerous times we did not get the papers to renew our corporation previously. Should you have any question, please give us a call or write to us at the address submitted on said forms. Thank you.

Sincerely,



Rev. Isabel Delgado
President/ Pastor