

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # n96000005565			
1. Corporation Name LIFE MATTERS MISSIONARY OUTREACH MINISTRIES, INC.			
Principal Place of Business 1285 NW 129TH STREET N MIAMI, FL 33168		Mailing Address P.O. BOX 380474 MIAMI, FL 33238	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 10/28/1996	
		5. FEI Number 65-0742833	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	CARINE JULES	1285 NW 129TH STREET	N MIAMI, FL 33168
VD	RONALD DESIR	1285 NW 129TH STREET	N MIAMI, FL 33168
TD	GUERDESON PIERRE	1285 NW 129TH STREET	N MIAMI, FL 33168
SD	CASSANDRA PIERRE	1285 NW 129TH STREET	N MIAMI, FL 33168
			200003070702--8
			12/15/99--01026--006
			****300.00 ****300.00
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CARINE JULES 256 NW 97TH STREET MIAMI, FL 33150		Name CARINE JULES Street Address (P.O. Box Number is Not Acceptable) 1285 NW 129TH STREET Suite, Apt. #, Etc. 200003070702--8 City N MIAMI 12/15/99--01026--007 ****67.00 ****67.00	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent <i>Carine Jules</i>		Date 10/20/99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 name 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: <i>Carine Jules</i>		Date 10/20/99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (305) 681-1047	