

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003417

1. Corporation Name

CHRISTIAN CONGREGATION IN THE UNITED STATES
(ORLANDO LOCALE, INC.)

REINSTATEMENT 03

700023829537
10/15/03--01075--011 **236.25

2. Principal Office Address

495 N FORSYTH RD.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32807

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1997

5. FEI Number

59-3368267

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

GONZALES, JOSE

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

1105 MCKINNON AVE.

Suite, Apt. #, Etc.

City

OVIEDO

State

FL

Zip Code

32765

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

Shanglan

REGISTERED AGENT MUST SIGN

Date OCT. 01, 2003

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/C	GONZALES, JOSE	1105 MCKINNON AVE.	OVIEDO, FL 32765
T	SIMÕES, ARSENIO	3106 RIVER BRANCH CIRCLE	KISSIMMEE, FL 34741
S	ELIAS, VINICIUS	1528 CANOPY OAKS DR.	CLERMONT, FL 34711

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:

Vinicius Elias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/03

Date

407-808-4918

Daytime Phone #

CR2E081 (10/02)

21 10/17

Gastroenterology Specialists

DIPLOMATE, AMERICAN BOARD INTERNAL MEDICINE AND GASTROENTEROLOGY

STEVEN A. MECKSTROTH, M.D.

SANDRA RENNE, PA-C

JOANNE GARTMAN, PA-C

October 9, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

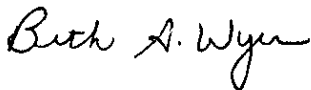
RE: Steven A. Meckstroth MD PA
Document # P94000058665

Dear Sirs:

Enclosed please find the Corporation reinstatement form. Because our agent listed on present inactive corporation filing failed to notify us of need to file new UBR, our corporation document was rendered inactive. We were advised by phone that the enclosed check for \$150.00 along with this reinstatement form would fulfill the requirements for this reinstatement.

If you have any questions, please call me at 239-593-6201.

Thank you,



Beth A. Wyer
Accounting Dept.