


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 NOV 20 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 2001 UBR		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N9700000C4741			
1. Corporation Name <i>Midway Outreach Ministries Inc.</i> <i>5946 NW. 12th Avenue,</i> <i>Miami, FL 33127</i>			
2. Principal Office Address <i>5946 NW. 12th Ave.</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>5946 NW. 12th Ave</i> Suite, Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33127</i>	Country	Zip <i>33127</i>	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <i>65-0773069</i>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name <i>Douglass Cook</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>2031 NW. 190th Street</i>	
Suite, Apt. #, Etc.	
City <i>Miami</i>	State FL
Zip Code <i>33013</i>	

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 *Douglass Cook*
 REGISTERED AGENT MUST SIGN

Date *9-15-2001*

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
<i>Pres.</i>	<i>Rev. Douglass Cook</i>	<i>2031 NW. 190th St.</i>	<i>Miami, FL</i>
<i>Sec.</i>	<i>Earnestine Lottimore</i>	<i>760 NW. 52nd Street</i>	<i>Miami, FL 33127</i>
<i>Treas.</i>	<i>Betty Duncomb</i>	<i>2951 NW. 190th St.</i>	<i>Miami, FL</i>

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:

Douglass Cook **Douglass Cook** *9-15-2001* *751-9323*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2081 (9/00)