

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 12 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N97000006295*

1. Corporation Name

Friends of the Missions, Inc

200085842682
01/23/07--01020--017 **61.25

3. Principal Office Address <i>400 N. Flagler Ave</i>	4. Mailing Office Address <i>Same as (2)</i>
<i>Apt 502</i>	Suite Apt # etc
<i>West Palm Beach FL</i>	City & State
<i>33401-4314</i>	

CR2E081 (12/05) *5216*

REINSTATEMENT

4. Date Incorporated or Qual To Do Business in Florida *Nov. 6, 1999*

5. *593484007* 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

MRS. Monica Schroeder
400 No. Flagler Ave
Apt 502
West Palm Beach

State **FL** 33401-4314

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 *Monica R. Schroeder*
REGISTERED AGENT MUST SIGN

Date _____

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>D</i>	<i>Gregory C. Hemsoth</i>	<i>2643 Tarito Trail</i>	<i>Jacksonville, FL 32258</i>
<i>D</i>	<i>Janet M. Arbutnot</i>	<i>312 1st St</i>	<i>St. Augustine, FL 32084</i>
<i>STD</i>	<i>Monica R. Schroeder</i>	<i>400 N. Flagler Ave Apt 502</i>	<i>West Palm Beach, FL 33401</i>
<i>PD</i>	<i>Jacob M. Schroeder</i>	<i>10 So. Boone Rd</i>	<i>St Helena Is SC 29920</i>

700082778437
12/26/06--01049--026 **297.50

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 contained in Chapter 119, 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: *Monica R. Schroeder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/2/07*
Daytime Phone # _____