

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUL 16 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97-00000-7114

1. Corporation Name Christians Coming Out Inc.
Mr. Abiud Montes
P.O. Box 14252
Ft. Lauderdale, FL 33302
1-800-571-0901

S00106024089
07/13/07--01003--009 **542.50

REINSTATEMENT 02-07

2. Principal Office Address, No. P.O. Box #
P.O. Box 14252

Suite, Apt. # etc.

City & State

Ft. Laud, FL

33302

Broward

3. Mailing Office Address

905 S.W. 22 Ave

Suite, Apt. # etc.

City & State

Ft. Laud, FL

33312

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

1997 Dec

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

Bob Anderson

2106 N.W. 171 Ter

Pembroke Pine

State
FL 33028

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

S00106024089
07/13/07--01003--009 **8.75

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 Bob Anderson

Date 7-9-07

REGISTERED AGENT MUST SIGN

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
President	Abiud Montes	905 S.W. 22 Ave	Ft. Laud, FL 33312
Vice-President	Lina Montes	905 S.W. 22 Ave	Ft. Laud, FL 33312
Sec.	Aida M. Valido	5951 W Oakland Pk Blvd #E-112	Lauderdale Lakes, FL
Tre.	Loida Montes	8481 Springtree Dr. Apt. 101B	Sunrise, FL 33313
			33351

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: Abiud Montes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-07
Date

954-86-7034
Daytime Phone #

2/16/07