

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 AUG 24 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N98000001538

1. Corporation Name

ACTUAL MISSION CHURCH OF  
CHRIST, INC

2. Principal Office Address

1516 EAST COLONIAL DR

Suite, Apt. #, etc.

SUITE 102

City & State

ORLANDO, FL

Zip

32803

Country

U.S.A.

3. Mailing Office Address

6150 SANDCREST CIRCLE

Suite, Apt. #, etc.

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

U.S.A.

**REINSTATEMENT**

99-50

4. Date Incorporated or Qualified  
To Do Business in Florida

03/17/98

5. FEI Number

59-3504334

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MIZUHA LISA

200003379752-1

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

6150 SANDCREST CIRCLE

-09/01/00--01028--005

\*\*\*\*306.25 \*\*\*\*306.25

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 08/25/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors).

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | MIZUHA LISA                          | 6150 SANDCREST CIRCLE                             | ORLANDO, FL 32819  |
| VP/D   | ROQUE LISA                           | 6150 SANDCREST CIRCLE                             | ORLANDO, FL 32819  |
| T/D    | EDUARDO H. DE OLIVEIRA               | 3391 SOUTH KIRKMAN RD                             | ORLANDO, FL 32811  |
| S/D    | RICHARD POSSE                        | 213 JEMOND CT                                     | ORLANDO, FL 32835  |
|        |                                      |   |                    |
|        |                                      |   |                    |

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIZUHA LISA

08/25/00

Date

(407) 9035096

Daytime Phone #

CR2E081 (9/99)