

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR -1 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002738	
1. Entity Name NATIONAL CHRISTIAN CHILDREN'S PROGRAM, INC.	



Principal Place of Business 10600 NADIA AVE. ORLANDO, FL 32825	Mailing Address 10600 NADIA AVE. ORLANDO, FL 32825
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2. Principal Place of Business - No P.O. Box # 10509 SPARROW LANDING Suite, Apt. #, etc. WAY	3. Mailing Address 10509 SPARROW LANDING WAY Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State ORLANDO FL
Zip 32832	Country ORANGE



02092007 REIN-NP CR2E099 (1/07)

4. FEI Number 59-3434133	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DARDIZ, ROSENDO 10600 NADIA AVE. ORLANDO, FL 32825	
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7. Name and Address of New Registered Agent	
Name ROSENDO DARDIZ	
Street Address (P.O. Box Number is Not Acceptable) 10509 SPARROW LANDING WAY	
City ORLANDO	Zip Code FL 32832

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <i>Rosendo Dardiz</i>	DATE 2-15-07
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Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARDIZ, ROSENDO 10600 NADIA AVE. ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMACHO, ANGEL 10600 NADIA AVE. ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMEZ, NITZA 10600 NADIA AVE. ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DARDIZ, DORIS L 10600 NADIA AVE. ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, JOSE A 10600 NADIA AVE ORLANDO, FL 328255650 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVILA, GREDDA 10600 NADIA AVE ORLANDO, FL 328255650 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06-07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300091539429 03/07/07--01020--011 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Rosendo Dardiz</i>	DATE 2-15-07 (407) 292-6202
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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