

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -3 AM 8:40

DOCUMENT # N98000003538

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

AMBASSADORS FOR CHRIST FAMILY ENHANCEMENT, INC.

600023545996
10/03/03--01068--005 **70.00

2. Principal Office Address 12110 N.E. MIAMI COURT Suite, Apt. #, etc.		3. Mailing Office Address 12110 N.E. MIAMI COURT Suite, Apt. #, etc.	
City & State NORTH MIAMI, FL.		City & State NORTH MIAMI, FL.	
Zip 33161-5354	Country USA	Zip 33161-5354	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/15/1998	
5. FEI Number 311618715	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name JERRY L. WIMBERLY	
Street Address (P.O. Box Number is Not Acceptable) 12110 N.E. MIAMI COURT	
Suite, Apt. #, Etc.	
City NORTH MIAMI	State FL
Zip Code 33161-5354	

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]* Date: 10/01/2003

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
P	JERRY L. WIMBERLY	12110 NE MIAMI COURT	NORTH MIAMI, FL. 33161-5354
V	JAMES J. BROWN	1101 NW 139 STREET	MIAMI, FL. 33168
S	GLADYS V. BROWN	1101 NW 139 STREET	MIAMI, FL. 33168
T	BERNICE WIMBERLY	12110 NE MIAMI COURT	NORTH MIAMI, FL. 33161-5354

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)(l), 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]* JERRY L. WIMBERLY 10/01/2003 Cell: (305) 776-5249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

22 10/6

CR2001 (10/02)

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Ambassadors for Christ Family Enhancement, Inc.
c/o Jerry L. Wimberly
12110 NE Miami Court
North Miami, FL 33161-5354

Date: October 1, 2003

Re: Reinstatement Fee

To: Whom it concern

I'm requesting a waiver of the reinstatement fee for these two incorporation because we didn't receive the correspondence to inform us of the status due to a change of address.

Ambassadors for Christ N.D., Inc.
Document # N97000001993 / FIE # 592438442

Ambassadors for Christ Family Enhancement, Inc.
Document # N98000003538 / FIE # 311618715.

Thanks.



Jerry L. Wimberly
President