PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATIO STATEMI			•	etary	MENT (of State RPORATIO	3		FILED CT-3 AN 8:40		
TALL								RETARY OF STATE HASSEE, FLORIDA			
1. Corporation Name IALL, AMBASSADORS FOR CHRIST FAMILY ENHANCEMENT, INC.								600023545996 10/03/0301068005 **70.00			
2. Principa	d Office Addres		3. Mailing Office A	Mailing Office Address				1			
12110 N.E. MIAMI COURT				12110 N.E. MIAMI COURT							
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Date Incorporated or Qualified To Do Business in Florida O6/15/1998		
	TH MIAN			NORTH MIAMI, FL.			3 		5. FEI Number 311618715 Applie		
Zip 33161	Country 3161-5354 USA		Zip 33161-5354		Country	USA		G. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fa-	e requireo		
				7. Name a	and Add	dress of C	urrent Reg	ister	red Agent	. :271	
	Name JERRY L. WIMBERLY Street Address (P.O. Box Number is Not Acceptable) 12110 N.E. MIAMI COURT Sulte, Apt. #, Etc.										
	City NORTH MIAMI								State Zip Code 33161-5354		
8. I, being appointed the registered agent of the above named concoration, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.											
Signature of Registered Agent Date 10/01/2003											
Registered Agent Date 10/01/2003											
9. Names	and Street Ad	dresaea	of Each Officer and	/or Director (Florida n	ιοπρισίι	corporatio	ns must list	at lea	east 3 directors)		
Titles		Office	Name of s end/or Directors	Street Address of Each Officer and/or Director					Chy / State / Zip		
Р	JERRY	L. W	MBERLY		12110 NE MIAMI CO				OURT NORTH MIAMI, FL. 33161-5354		
v - ^	JAMES	J. Br	ROWN		1101 NW 139 STRE			RE	MIAMI, FL. 33168		
S	GLADY	′S V.	BROWN		1101 NW 139 STRE				ET MIAMI, FL. 33168		
т	BERNICE WIMBERLY				12110 NE MIAMI CO			C	RT 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 filling 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 be same legal effect as if made under oath.											
SIGNATURE: JERRY L. WIMBERLY 10/01/2003 Cell: (305) 776-5249 SIGNATURE AND TYPED OR PRINTED MAME OF SIGNAMS OFFICER OR DIRECTOR Date Duylime Phone #											

2k 10/6

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 waver 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