


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000005268 1. Entity Name COMMUNITY OUTREACH MISSIONS ESTABLISHMENTS, INC. CDC			FILED 07 OCT 22 AM 10: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA 10/22/07 01:35:01 PM EST REINSTATEMENT 07
Principal Place of Business 1032 ROBINSON ST. ORLANDO, FL 32805		Mailing Address 6821 LUMBER JACK LANE OCOEE, FL 34761	
2. Principal Place of Business - No P.O. Box # 2535 Sheila DR Suite, Apt. #, etc.	3. Mailing Address 3943 Rosewood Way Suite, Apt. #, etc.		
City & State Apopka FL Zip 32712	Country U.S	City & State Orlando FL Zip 32808	Country U.S
4. FEI Number 59-3576597		Applied For - <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, GWENDOLYN B 6821 LUMBERJACK LANE OCOEE, FL 34761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input type="checkbox"/> Delete NAME JONES, GWEN STREET ADDRESS 6821 LUMBERJACK LANE CITY-ST-ZIP OCOEE, FL 34761	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE DT <input checked="" type="checkbox"/> Delete NAME MCCARTY, BEVERLY STREET ADDRESS LUMBERJACK LANE CITY-ST-ZIP OCOEE, FL 34761	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DT Ciera Bennett STREET ADDRESS 2535 Sheila Dr. CITY-ST-ZIP Apopka, FL 32712		
TITLE DS <input type="checkbox"/> Delete NAME ROBINSON, BEVERLY STREET ADDRESS 216 RUBY CITY-ST-ZIP APOPKA, FL 32703	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Gwen Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>10-16-07</u> Daytime Phone #: <u>407-703-1508</u>	