PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED
AND
FILED

01 OCT -4 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002768

1. Corporation Name Christmas Ministries, Inc.
7617 Daphne Ave.
Orlando, Florida 32812

2. Principal Office Address	**3.** Mailing Office Address
7617 DAphne Ave	7617 DAphne Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State: Orlando, Fl
Zip: 32812 Country: Orange	Zip: 32812 Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida: 9/99

5. FEI Number: 593576660 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DiAnne C. Christmas

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-10/04/01--01070--001
*****70.00 *****70.00

Street Address (P.O. Box Number is Not Acceptable): 6717 DAphne Ave

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32812

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: DiAnne C Christmas Date: 10-4-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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-D	DiAnne C. Christmas	7617 Daphne Ave	Orlando, FL 32812
V-D	Matthew C. Weber	8715 Crestgate Circle	Orlando, FL 32819
S	Patricia M. Povelite	7617 DAphne Ave	Orlando, FL 32812
T-D	Sylvia Morgan	457 Normandale Rd	Orlando, Fl 32825
Co.T	R. Roger Christmas	2262 Bear Ln	Yulee, Fl 32097
			MW

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: DiAnne C Christmas 10-4-01 321-276-8623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #