


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N99000005720</b>	
1. Entity Name <b>CHILDREN'S INTERVENTION, OUTREACH AND REFERRAL MINISTRY, INC.</b>	

Principal Place of Business <b>3215 AVE H EAST WEST PALM BEACH, FL 33404</b>	Mailing Address <b>P.O. BOX 7724 JUPITER, FL 33468</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**  
**04 OCT 29 PM 2:46**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



10262004 REIN-NP CR2E099 (6/04)

4. FEI Number <b>65-0965908</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FONG, MAUREEN LYEW 3125 AVE H EAST WEST PALM BEACH, FL 33404</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2005, Fee will be \$297.50</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FONG, MAUREEN L 3125 AVE H EAST RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200042313852</b> <b>10/29/04--01051--011 **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHINSUE, MARLENE 3125 AVE H EAST RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEISER, CATHERINE C/O PO BOX 7724 JUPITER, FL 33468 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORKEE, BARBARA A 1014 CHEYENNE ST JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARVILLE, JOYCE 480 32ND STREET RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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>Maureen Lyew Fong</u>	Date: <u>10/26/04</u>	Daytime Phone #: <u>561-784-4871</u>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Maureen Lyew Fong

Subj: **RE: dissolution of organization #n99000005720**  
Date: 10/21/2004 12:44:05 PM Eastern Standard Time  
From: corphelp@dos.state.fl.us  
To: ReneCasaDeCampo@aol.com

Unfortunately, our records do not reflect receiving the 2004 annual report or check.

Please contact the Annual Report Section at (850)245-6056 option 4 to speak with a representative.

Shawn  
Internet Access

-----Original Message-----

**From:** ReneCasaDeCampo@aol.com [mailto:ReneCasaDeCampo@aol.com]  
**Sent:** Thursday, October 21, 2004 11:49 AM  
**To:** corphelp@mail.dos.state.fl.us  
**Subject:** dissolution of organization #n99000005720

I received a form yesterday stating that Children,s Intervention Outreach & Referral Ministry Inc was dissolved. I have checked my file and the annual report was sent out 7/7/04 for \$70.00 ck # 1022.

With my moving and the hurricains I failed to check if I received the certificate, but I did send the form and the check 7/7/04. to Division of Corporation, P.O Box 6198, Tallahassee, Fl. 32314, that is the address I got off the internet when I downloaded the form.

I would appreciate if you would check to see if this was misplaced or posted incorrectly to another account.

Please reply my e mail is

[www.renecasadecampo@aol.com](http://www.renecasadecampo@aol.com)

thank you.

Called 10/25/04

Send To Division of Corporation  
P.O 6327

Tallahassee Fl 32314

ck bank if check was closed, if not send  
new applicat ion and warrant of fee.  
application enclosed, please warrant  
statement fee if you can  
do not have the  
fund.