PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. for 1 32 CORPORATION TLEG FLORIDA DEPARTMENT_OF STATE UNE ARY OF STALL ISION OF CORPORATIO Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 04 JUL-9 -AM 9:41 ----DOCUMENT # N 9900007243 1. Corporation Name Christian Worship Outreach Center Inc REINISTATEMENT<u>03-04</u> 2. Principal Office Address 3. Mailing Office Address 600037730606 06/08/04--01001--016 **236.25 6969 Miramar Pkus 6969 Miramor wa. Suite, Apt. #, etc. Suite, Apt. #, etc. NA Date Incorporated or Qualified NA To Do Business in Florida City & State City & State 5. FEI Number Applied For Miramar Miramar 65-09 Not Applicable Zip Countr Zic 33023 CERTIFICATE OF STATUS DESIRED trousard 33073 Brow <u>ISAUS</u> 7. Name and Address of Current Registered Agent ever 1ckey (Dtri 10 10 Street Address (P.O. Box Number is Not Acceptable Airann ~ Fr. \$3025 Suite, Apt. #, Etc Miram 33025 City State wanar FL CR2E081 (10/02 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 30/06 **Registered** Agent Date REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip Donna Munroe 6601 SW 18ST 106 Elder Miramor Fr. 33023 Mirahar Fl- 33028 3011 Luceme way Nicker eum asta miranar FI 33025 3011 hereene wa asta 1240 NE 157 ST 33/62 ldor Mami 8870 SW 21 ST 1 33024 Min Minama F1. 33023 7020 SW 27 St Muramar Dealor nun var 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. 954-441-866 Davtime Phone # MICKey Lewin 5 30 00 SIGNATURE: SIGNATURE AND TYPED OR RRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 10, 2004

CHRISTIAN WORSHIP OUTREACH CENTER INC. 6969 MIRAMAR PARKWAY MIRAMAR, FL 33023

SUBJECT: CHRISTIAN WORSHIP OUTREACH CENTER INC. Ref. Number: N99000007243

We have received your document for CHRISTIAN WORSHIP OUTREACH CENTER INC. and your check(s) totaling \$236.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not allow an entity to serve as its own registered agent. Designate a registered agent, other than the entity, with a street address in Florida. The agent must sign if this is a change from the registered agent previously filed with this office.

Please be advised the above reference corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2003 corporate annual report form. Our records indicate the 2003 annual report was returned by the U.S. Postal Service as undeliverable. Therefore, we can waive the reinstatement fee, only the report fees for each year is required to make the corporation active.

The total amount required is \$122.50. Add an additional \$8.75 for each certificate of status requested.

Thave processed a refund totaling \$113.75. It takes approximately 4-6 weeks for you to receive your refund check.

Kathy Ashton _Document Specialist

Letter Number: 904A00039334

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314