

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 12 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038251

1. Corporation Name

OMEGA CHRISTIAN SERVICES INC.

REINSTATEMENT 03-04

2. Principal Office Address

9980 SW 146TH PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

3. Mailing Office Address

9980 SW 146TH PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

4. Date Incorporated or Qualified

To Do Business in Florida 04/17/2000

5. FEI Number

65-1002672

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

RENAN CARIAS

Street Address (P.O. Box Number is Not Acceptable)

9980 SW 146TH PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/07/2004

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
PSD	RENAN CARIAS	9980 SW 146TH PLACE	MIAMI, FL 33186

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2004

Date

(305) 382-3712

Daytime Phone #

CR2E081 (01/04)

Miami, FL, April 7, 2004

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Attn: Ms. Katrina
409 East Gaines Street
Tallahassee, FL 32399

Ref: OMEGA CHRISTIAN SERVICES INC., Doc. No.: P00000038251

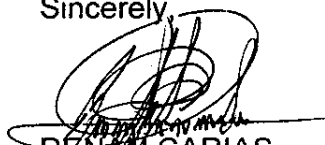
Dear Sirs,

This is to inform you that OMEGA CHRISTIAN SERVICES INC. did not file its 2003 Uniform Business Report on time, since the 2003 UBR Package sent by you was not received by mail so it could be filed on time. Furthermore, since the check used to pay the Annual Report fee was cleared by you, we assumed that the company would be active. Therefore, we are sending Reinstatement Form along with copy of the cleared check for the 2003 Annual Report Fee and the payment of \$150 corresponding to the Annual Report fee for 2004 for you to please reinstate for this company and please waive any penalties that could have been imposed because of this situation.

Should you have further questions, please contact us at (305) 382-3712. We apologize for any inconvenience this may have caused.

Thank you very much for your cooperation.

Sincerely,



RENAN CARIAS
President