


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 01 DEC 11 AM 8:31
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N00000001721

1. Corporation Name
MAKING MINISTRY HAPPEN, INC.

Principal Place of Business Mailing Address

**1000 WINDERLEY PL., #151
 MAITLAND FL 32751-4171** **1000 WINDERLEY PL., #151
 MAITLAND FL 32751-4171**



01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **03/10/2000**

5. FEI Number Applied For

59-3639178 Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	Craig Fuhrmann	1000 Winderley Pl. #151	Maitland FL 32751
D	Jerry Weaver	3425 Quail nest ct.	Orlando FL 32829
D	Holmes Bryan	27256 Pleasant Hill Dr.	Highland CA 92346
S	Jolene Fuhrmann	1000 Winderley Pl #151	Maitland FL 32751

8. Name and Address of Current Registered Agent

FUHRMANN, CRAIG
1000 WINDERLEY PL., #151
MAITLAND FL 32751-4171

9. Name and Address of New Registered Agent


Name

Street Address (P.O. Box Number is Not Acceptable)
7000004745837-0

Suite, Apt. #, Etc. **01/01/02/01001-003**
 ****245.00 ****245.00

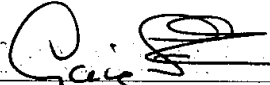
City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  Date **12/7/01**

REGISTERED AGENT MUST SIGN

11. 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:  **Craig Fuhrmann** Date **12/7/01** Daytime Phone # **4078752468**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (801)