

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

03 APR 22 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/14/03--01061--018 \*\*131.25

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N96000000024

**1. Corporation Name**  
Eben-Ezer Mission International, Inc

<b>2. Principal Office Address</b> 10585 SW 109th Court Suite, Apt. #, etc. 201 City & State Miami, Fl Zip 33176 Country US		<b>3. Mailing Office Address</b> PO Box 24638 GCC Suite, Apt. #, etc. City & State West Palm Beach, Fl Zip 33416 Country US	
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**4. Date Incorporated or Qualified To Do Business in Florida** 12-26-1995

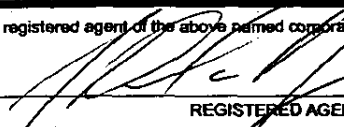
**5. FEI Number** 56-1625895 **Applied For** Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name BUROSEV.  
Street Address (P.O. Box Number is Not Acceptable) 10585 SW 109th Court  
Suite, Apt. #, Etc. 201  
City Miami State FL Zip Code 33176

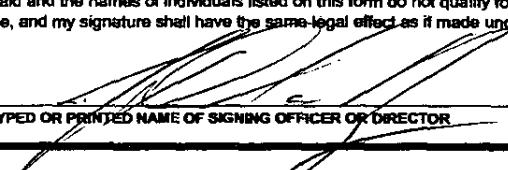
**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of Registered Agent  Francisco De La Paz Date 2-13-2003  
REGISTERED AGENT MUST SIGN

**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	Morissset, Michel	10585 SW 109th Ct #201	Miami, Fl 33176
S D	Blair, Gary	1200 Ridgefield Blvd # 290	Ashville, NC 28806
T D	Gilpin, Bruce	318 Sweetwater Hills Dr	Hendersonville, NC 28791

**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:**  Date 2-13-2003 Daytime Phone # 305-887-1114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

2/14/23

EBEN-EZER MISSION INTERNATIONAL, INC

February 12, 2003

Florida Department of State  
Division of Corporations  
Reinstatement Section

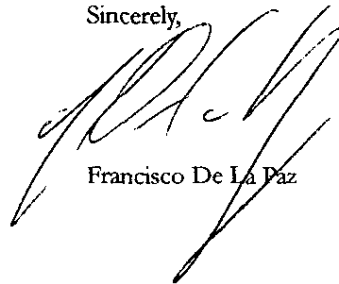
Dear Sir or Madam:

Attached you will find reinstatement form for our entity and applicable payment, please waive penalty fee due to not having receive UBR form. **For year 2002**

Feel free to contact me if any other information is needed.

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Sincerely,



Francisco De La Paz