

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 16 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000008825**

1. Corporation Name

PINNACLE OF FAITH MINISTRY, INC.

Principal Place of Business

POST OFFICE BOX 25204
TAMARAC FL 33320

Mailing Address

POST OFFICE BOX 25204
TAMARAC FL 33320

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

REINSTATEMENT

02-03

4. Date Incorporated or Qualified To Do Business in Florida

12/17/2001

5. FEI Number

01-0606014

Applied For

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
PD	FLEMING, CLAUDETTE	6057 N W 80TH AVENUE	TAMARAC FL 33321
VD	LYN, CLAUDIA	7950 W. MCNAB ROAD, #216	TAMARAC FL 33321
TD	DALEY, UNA	8100 N PINE ISLAND ROAD, UNIT 20	SUNRISE FL 33351
TD	mighty, Salome	19420 NW 7ave	MIAMI, FL 33169
			500009529325 12/16/02--01103--003 **\$1.25
			500009529325 01/16/03--01078--001 **\$236.25

8. Name and Address of Current Registered Agent

FLEMING, CLAUDETTE
6057 N W 80TH AVENUE
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/10/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/02

Daytime Phone #