

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 22 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/23/10--01003--020 **297.50

08-10

REINSTATEMENT

DOCUMENT # N04000005388

1. Corporation Name

FAITH INTERNATIONAL, INC

2. Principal Office Address - No P.O. Box #

575 AZALEA BLOOM DRIVE

Suite, Apt. #, etc.

City & State

APOPKA, FL

Zip

32712

Country

USA

3. Mailing Office Address

575 AZALEA BLOOM DRIVE

Suite, Apt. #, etc.

City & State

APOPKA, FL

Zip

32712

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/2004

5. FEI Number
20-1183903

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

WALTER GIBSON

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

575 AZALEA BLOOM DRIVE

Suite, Apt. #, Etc.

City

APOPKA, FL

State

FL

Zip Code

32712

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Walter Gibson

REGISTERED AGENT MUST SIGN

Date 2/15/10 (516) 424-5948

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
DP	WALTER GIBSON	575 AZALEA BLOOM DRIVE	APOPKA, FL 32712
V	VERA GIBSON	575 AZALEA BLOOM DRIVE	APOPKA, FL 32712
DT	LORRAINE GIBSON	101 ATLANTIC AVENUE	FREERPORT, NY 11520
D	TURNER C BOND	1158 BAILEY ROAD	WILLIAMSTON, NC 27892
D	RODNEY JONES	7827 LAUREL OAK LANE	KISSIMMEE, FL 34747

10. E-mail Address: Valke269@optonline.net

(To be used for future annual report notification)

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. I further certify, 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:

Walter Gibson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/10

Date

(516) 424-5948

Daytime Phone #

M. MILLIGAN
EXAMINER

FEB 23 2010