

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 12 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06

11/07/06--01022--003 **\$62.00

11/07/06--01022--002 **\$16.75

DOCUMENT # N05000006456

1. Corporation Name

All Faith Community Outreach Ministry Inc.

2. Principal Office Address

2704 West Avery Street

3. Mailing Office Address

same

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

City & State.

Pensacola, FL

City & State

Zip
32505

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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
Carolyn Stallworth

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

Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32514

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

REGISTERED AGENT MUST SIGN

Date 12-24-06

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
Trustee	Carolyn Townsend	P.O. Box 288	Cantonment, FL 32533
Trustee	Jamie Mitchell	P.O. Box 218	Mt. Vernon, AL 36560
Trustee	Joe McMillian	701 Prichard Avenue	Pensacola, FL 32514

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-24-06

1/12/07