I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. PRESIDENT 11/16/2016

SIGNATURE: PAOLA ROMAN

City-State-Zip: DORAL FL 33166

Electronic Signature of Signing Officer/Director Detail

Date

SIGNATURE:	PAOLA ROMAN			11/16/2016
	Electronic Signature of Registered Agent			Date
Officer/Direct	or Detail :			
Title F	PRES	Title	VPRE	
Name F	ROMAN, PAOLA	Name	ROMAN, DAVID	
	4900 NW 79TH AVENUE # 105	Address	4900 NW 79TH AVENUE # 105	
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166	
Title	SEC			
Name S	SEGOVIA, LIS			
	4900 NW 79TH AVENUE # 105			

Name and Address of Current Registered Agent:

ROMAN, PAOLA P 4900 NW 79TH AVENUE # 105 DORAL, FL 33166 US

τı ad antitu submits this state nt for th of Florid ~ ~

Current Mailing Address:

4900 NW 79TH AVENUE # 105 DORAL, FL 33166 US

DOCUMENT# N15000012047

2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

Entity Name: FAITH FOR FAMILY INC

Current Principal Place of Business:

4900 NW 79TH AVENUE # 105 DORAL, FL 33166

FEI Number: 81-0864396

FILED Nov 16, 2016

Secretary of State

CR3200876038

Certificate of Status Desired: Yes