

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04-MAY-10-AM-8:07

DOCUMENT # 733841

1. Corporation Name  
Miracle By Faith Revival Center &  
South Bay Inc.

2. Principal Office Address

569 S.W. 14<sup>th</sup> St.

Suite, Apt. #, etc.

3. Mailing Office Address

569 S.W. 14<sup>th</sup> St.

Suite, Apt. #, etc.

City & State

Belle Glade Fl.

City & State

Belle Glade

Zip

33430

Country

Palm Beach

Zip

33430

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/1975

5. FEI Number

592256814

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

Thomas Montgomery

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

1 South East Ave E

Suite, Apt. #, Etc.

800037026798

05/24/04 01017-010 \*\*306.00

City

Belle Glade

State

FL

Zip Code

33430

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

Date

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	Berry Humphrey	569 S.W. 14 <sup>th</sup> St	Belle Glade, Fl. 33430
D	James Willingham	1425 N.W. Ave	Belle Glade, Fl. 33430
M	Mary Alice Johnson	608 S.W. 13 <sup>th</sup> St	Belle Glade, Fl. 33430
D	Lester Lovely	180 NW 11 <sup>th</sup> Ave	South Bay, Fl. 33493
S/O	Pamela Harvey	290 N.W. 11 <sup>th</sup> Ave	South Bay Fl. 33493

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

Berry Humphrey

Date

5/6/04

(561) 996-6404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (01/04)

*Miracle By Faith Revival Center Inc.*

P.O. Box 432  
190 NW 11th Ave  
South Bay, Fl. 323494  
Phone: (561) 996-7765  
Fax: (561) 996-7765  
[miraclebyfaith.org](http://miraclebyfaith.org)

May 6, 2004

*Reinstatement Department,*

*We are requesting reinstatement of Miracle By Faith Revival Center Inc. The reason the corporation is inactive is because we didn't receive the annual report (2000) form. Enclosed is reinstatement application and check in the amount of \$306.00. Again thank you for all you help in this matter.*

*Sincerely,*

  
Berry Humphrey, President