

Division of Corporations

Florida Department of State  
Division of Corporations  
F25 00000000 446

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2025 JAN 24 PM 12:36  
FLORIDA DEPARTMENT OF STATE  
SECRET

FILED

FOREIGN PROFIT/NONPROFIT CORPORATION  
RESTORATIVE HEALTH MINISTRIES INTERNATIONAL INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. **RESTORATIVE HEALTH MINISTRIES INTERNATIONAL INC.**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WA 3. 92-3462884  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/14/2023 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 7901 4th St N STE 300 St. Petersburg FL 33702  
(Principal office street address)

7901 4th St N STE 300 St. Petersburg FL 33702  
(Current mailing address, if different)

8. Spiritual health, research, education and welfare (as a church/ministerial organization)  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Registered Agents Inc  
Office Address: 7901 4th St N STE 300  
St. Petersburg, Florida 33702  
(City) (Zip Code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

David Roberts

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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 2025 JAN 24 PM 12:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

### A. DIRECTORS

☐ Chairman Name: Rev. Dr. Bill Akpinar  
☐ Vice Chairman Address: 7901 4th St N STE 300  
☒ Director St. Petersburg FL 33702  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other:                      ☐ Other:                     

☐ Chairman Name: Rev. Tak Wah Eng  
☐ Vice Chairman Address: 7901 4th St N STE 300  
☒ Director St. Petersburg FL 33702  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other:                      ☐ Other:                     

☐ Chairman Name: Rev. Wendy Reynoso  
☐ Vice Chairman Address: 7901 4th St N STE 300  
☒ Director St. Petersburg FL 33702  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other:                      ☐ Other:                     

☐ Chairman Name:                                       
☐ Vice Chairman Address:                                       
☐ Director                                       
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other:                      ☐ Other:                     

☐ Chairman Name:                                       
☐ Vice Chairman Address:                                       
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other:                      ☐ Other:                     

☐ Chairman Name:                                       
☐ Vice Chairman Address:                                       
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other:                      ☐ Other:                     

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Rev. Dr. Bill Akpinar  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rev. Dr Bill Akpinar - Director  
 (Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

**The State of Washington**



**Secretary of State**

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

**CERTIFICATE OF EXISTENCE**

**OF**

**RESTORATIVE HEALTH MINISTRIES INTERNATIONAL**

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/14/2023.

**I FURTHER CERTIFY** that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

**I FURTHER CERTIFY** that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/23/2025  
UBI Number: 605 198 397



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 01/23/2025