

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda C. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC -8 AM 10:32

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021556

Name and Mailing Address

0008556 01 AT 0.292 **AUTO T1 0 0615 33316-252412



GLOBAL MINISTRIES OF FLORIDA, LLC
312 S.E. 17TH STREET 2ND FL
FT LAUDERDAEL FL 33316-2524



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 08/21/2002

Principal Place of Business

312 S.E. 17TH STREET 2ND FL
FT LAUDERDAEL FL 33316

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

02-0665729

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

SAAVEDRA, DAMASO W
312 S.E. 17TH STREET 2ND FL
FT LAUDERDAEL FL 33316

9. Name and Address of New Registered Agent

Name

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

000024621250
11/13/03--01014--007 **150.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 12-5-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	VALBRUN, JOSEPH REV	5420 N STATE ROAD 7	FT LAUDERDALE FL 33319

REINSTATEMENT

2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 11-1-03 Daytime Phone (954) 520-4597

Typed or printed name of signing Managing Member/Manager