

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 MAR 21 AM 8:17

DOCUMENT # L11000133092

1. Corporation Name

FAITH CATHEDRAL WORSHIP CENTER, LLC

2. Principal Office Address - No P.O. Box #

17841 PRADO BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

17841 PRADO BLVD

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/2011

5. FEI Number

30-0043688

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

PASTOR DONALD A. JOHNSON

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

17841 PRADO BLVD

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

400297059164
03/22/17--01021--015 **655.00

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

Pastor Donald Johnson

Date **03/13/2017**

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
MGR	DONALD A. JOHNSON	17841 PRADO BLVD	LOXAHATCHEE, FL 33470

REINSTATEMENT

2014

2017

10 E-mail Address: **tomm_mee@yahoo.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Pastor Donald Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/2017

561-436-3199

Date

Daytime Phone #