

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000001885

1. Corporation Name

Restoration Evangelistic Ministries International Inc.

2. Principal Office Address

8185 S. Coral Circle

Suite, Apt. #, etc.

City & State

North Lauderdale, Fl.

Zip

33068

Country

USA

3. Mailing Office Address

8185 S. Coral Circle

Suite, Apt. #, etc.

City & State

North Lauderdale, Fl.

Zip

33068

Country

USA

REINSTATEMENT

02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 22, 2000

5. FEI Number

65-0989742

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

Letitia McPherson

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

8185 S. Coral Circle

Suite, Apt. #, Etc.

City

North Lauderdale

State

FL

Zip Code

33068

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

REGISTERED AGENT MUST SIGN

Date **June 18, 2003**

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
President	Letitia McPherson	8185 S. Coral Circle	North Lauderdale, Fl 33068
Director	Edina Bayne	6260 Duval Drive	Margate, Fl 33063
Director	Melvin Williams	640, 8168 W. McNab Road	North Lauderdale, Fl. 33068
Director	Nadine Blair	4121 NW 7th Ave.	North Lauderdale, Fl. 33068

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:

Dr. LETITIA MCPHERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 8, 2003

Date

954-720-2677

Daytime Phone #

CR2E081 (10/02)