

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

03 JUN 25 PM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000002155

1. Corporation Name

STRONG TOWER MINISTRIES INC.

2. Principal Office Address

17037 SOUTH DIXIE HWY

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33157

Country

U.S.

3. Mailing Office Address

10771 SW 154 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33157

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

April 3, 2000

5. FEI Number

65-1014873

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Leon E. Chew

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

10771 S.W. 154 ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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

Leon E. Chew

Date 6/9/03

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
D	Leon E. Chew	10771 SW 154 ST.	MIAMI, FL. 33157
D	Alfred J. Dallas	18090 SW 134 CT.	MIAMI, FL. 33177
D	Seretha Fleming	14820 SW 106 <sup>th</sup> AVE.	MIAMI, FL. 33176

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:

Leon E. Chew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/03

Date

786-417-3247

Daytime Phone #

CR2E081 (10/02)