

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 29 PM 4:00

DOCUMENT # **N00000002484**

1. Corporation Name

WINDS OF TRUTH, INC.

2. Principal Office Address

25955 SW 122nd Court

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

Same as No. : 2

Suite, Apt. #, etc.

N/A

City & State

Miami, Florida

City & State

N/A

Zip

33032

Country

USA

Zip

N/A

Country

N/A

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

April 14, 2000

5. FEI Number

EIN # 65-1007259

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

DEBORAH JACOBS

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

25955 SW 122nd Court

Suite, Apt. #, Etc.

N/A

City

Miami

State
FL

Zip Code
33032

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

Deborah Jacobs

Date

March 26, 2002

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
Pres. <i>D</i>	DEBORAH JACOBS	25955 SW 122nd Court	Miami, Florida 33032
V.P. <i>D</i>	RONALD JACOBS	25955 SW 122nd Court	Miami, Florida 33032
Sec. <i>D</i>	LEE FLEMING	12401 SW 185th Terrace	Miami, Florida 33177
Tr. <i>D</i>	THELMA FLEMING	12401 SW 185th Terrace	Miami, Florida 33177
			<i>AD</i>

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:

Deborah Jacobs **DEBORAH JACOBS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/02 **3/26/02-305 562-8677**

Daytime Phone #

CR2E081 (9/00)