

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

03 NOV 10 AM 11:53

DOCUMENT # *N00000003348*

1. Corporation Name

*Family of Faith Christian Center of
Pensacola INC*

2. Principal Office Address

8084 N. Davis Hwy.

Suite, Apt. #, etc.

268

City & State

Pensacola, FL.

Zip

32514

Country

Escambia

3. Mailing Office Address

8084 N. Davis Hwy

Suite, Apt. #, etc.

268

City & State

Pensacola, FL.

Zip

32514

Country

Escambia

4. Date Incorporated or Qualified
To Do Business in Florida

5-17-2000

5. FEI Number

59-3495944

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

2000024001902
11/24/03--01026--004 **358.75

7. Name and Address of Current Registered Agent

Name

Patrick M. Milton, Sr.

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

1050 W. Gonzalez St.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

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

Patrick M. Milton, Sr.

REGISTERED AGENT MUST SIGN

Date *10 Nov. 03*

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
<i>DIR.</i> <i>Pres.</i>	<i>Patrick M. Milton, Sr.</i>	<i>1050 W. Gonzalez St.</i>	<i>Pensacola, FL 32501</i>
<i>DIR.</i> <i>Viceses.</i>	<i>Stephanie D. Palnitz</i>	<i>1050 W. Gonzalez St.</i>	<i>Pensacola, FL 32501</i>
<i>DIR.</i> <i>Tros.</i>	<i>Salie Mae Outing</i>	<i>1282 Bolivia St.</i>	<i>Pensacola, FL 32514</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:

Patrick M. Milton Sr. *Patrick M. Milton, Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10 Nov. 03

Daytime Phone #

850-434-3416

CR2E081 (10/02)