

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG -2 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005054

1. Corporation Name
HIS HEART INTERNATIONAL MINISTRIES, INC.
4813 LASQUETI WAY
NAPLES, FL 34119

2. Principal Office Address
4813 LASQUETI WAY
Suite, Apt. #, etc.

3. Mailing Office Address
4813 LASQUETI WAY
Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip Country
34119

Zip Country
34119

4. Date Incorporated or Qualified
To Do Business in Florida 7-31-00

5. FEI Number
65-1038173

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

JOSUE B. PERALTA

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

4813 LASQUETI WAY

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

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

JOSUE B. PERALTA

Date 7/19/04

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	JOSUE B. PERALTA	4813 LASQUETI WAY NAPLES, FL 34119	NAPLES, FL 34119
VP	JANA BULNES	1322 FOREST LAKE DR	HUNESVILLE, GA 31313
SECT TREAS	JUDITH PERALTA	4813 LASQUETI WAY	NAPLES, FL 34119

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07/26/04--01003--002 **297.50

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:

JOSUE B. PERALTA

JUDITH PERALTA

7/19/04

Date

Daytime Phone #

239-592-6046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2081 (01/04)