

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 25 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N 0000000 5267

**1. Corporation Name**

End Time Ministries Int'l, Inc.

**REINSTATEMENT** 02-03

300017113883  
04/25/03--01082--004 \*\*\*306.25

**2. Principal Office Address**

8960 SW 200 St.

Suite, Apt. #, etc.

**3. Mailing Office Address**

8960 SW 200 St.

Suite, Apt. #, etc.

**City & State**

Miami, FL

Zip

33157

Country

USA

**City & State**

Miami, FL

Zip

33157

Country

USA

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

8-01-2000

**5. FEI Number**

65-1031048

**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

ANTHONY BERNARD

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

9032 SW 152 STREET

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

Anthony Bernard  
REGISTERED AGENT MUST SIGN

Date

4/11/03

**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
PD	PAUL S. RAGHUNATHAN	8960 SW 200 St.	Miami, FL 33157
VTD	KONAMY DATANAVONGA	15400 SW 102 PL	Miami, FL 33157
SD	Michelle A. Raghunathan	8960 SW 200 St.	Miami, FL 33157

**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:

Paul Raghunathan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL RAGHUNATHAN

Date

4-23-03

Daytime Phone #

786-242-2644

gt 4/25

CR2E081 (10/02)