

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN -6 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007735

1. Corporation Name

THE SAINTS ON THE MOVE FOR CHRIST, INC.

Principal Place of Business

17325 NW 27TH AVE., #100  
MIAMI FL 33055

Mailing Address

P.O. BOX 552124  
MIAMI FL 33055

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7100 FAIRWAY DRIVE

Suite, Apt. #, etc.

APT K-2

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

3. New Mailing Office Address, If Applicable

P.O. BOX 2103

Suite, Apt. #, etc.

City & State

NORCROSS, GA

Zip

30091

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/2000

5. FEI Number

59-2596697

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4                   |
|---------------|---|--|---|
| PD            | LUMPKIN, ANGELO MAGWOOD, ANTONIO          | 2409 SW 61ST AVE<br>P.O. BOX 2103                      | MIRAMAR FL 33023<br>NORCROSS, GA 30091    |
| ST VP/D       | LEGGETT, CAROL MAGWOOD, TRACY             | 2131 NW 171ST ST.<br>P.O. BOX 2103                     | MIAMI FL 33056<br>NORCROSS, GA 30091      |
| TD            | MCINTOSH, TAMMY LUMPKIN, ANGELO           | 6641 SW 20TH ST.<br>7100 FAIRWAY DRIVE, APT K-2        | MIRAMAR FL 33023<br>MIAMI LAKES, FL 33014 |
| TD            | LUMPKIN, SARAH                            | 2409 SW 61ST AVE<br>7100 FAIRWAY DRIVE, APT K-2        | MIRAMAR FL 33023<br>MIAMI LAKES, FL 33014 |
| TD            | WILLIAMS, ROSEMARY PALMER, MICHAEL        | P.O. BOX 552124 2103                                   | MIAMI FL 33055<br>NORCROSS, GA 30091      |
| TD            | PALMER, PAMMA                             | P.O. BOX 2103  | NORCROSS, GA 30091                        |

8. Name and Address of Current Registered Agent

LUMPKIN, ANGELO  
2409 SW 61ST AVE.  
MIRAMAR FL 33023

9. Name and Address of New Registered Agent

Name

LUMPKIN, ANGELO

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

7100 FAIRWAY DRIVE

Suite, Apt. #, Etc.

APT K-2

City

MIAMI LAKES

State

FL

Zip Code

33014

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/31/02

11. 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 30, 2002 404 363 2094

Date

Daytime Phone #