

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002613

1. Corporation Name

GOD'S FAITH MINISTRIES INC.

Principal Place of Business

Mailing Address

1820 NW 51ST ST.
MIAMI FL 33142

1820 NW 51ST ST.
MIAMI FL 33142

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/2001

5. FEI Number

65-1698115

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ANGLIN, ROBERT	1820 NW 51ST ST.	MIAMI FL 33142
D	MARSHALL, MARY	1055 NW 132ND ST.	MIAMI FL 33142
D	MCKNIGHT, TATNISHA	1825 NW 50TH ST.	MIAMI FL 33142
D	WHITHEAD, GERLDINE	1940 NW 60TH ST.	MIAMI FL 33142

4000008615714

10/28/02--01063--004 **70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANGOLAN, ROBERT
1820 NW 51ST ST.
MIAMI FL 33142

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

10-22-02

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

Date

Daytime Phone #

10-22-02

CR2E040 (8/02)

20f2

10/22/02

To: Whom it may concern I did
not receive a Uniform business report
Please reinstate my fee for \$70.00 dollars

Thank you! Robert Anglin