


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT #** N01000005097

FILED  
04 JUN 21 PM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1. Corporation Name**  
A Place of Refuge Teen Ministry

<b>2. Principal Office Address</b> 18334 NW 68th Ave. Suite, Apt. #, etc. # I City & State Miami, FL Zip 33015 Country		<b>3. Mailing Office Address</b> 1541 NW 133rd St Suite, Apt. #, etc. City & State Miami, FL Zip 33167 Country	
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**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number** 20-0360206 ☒ **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 Calinda Wright  
Street Address (P.O. Box Number is Not Acceptable) 18334 NW 68th Ave.  
Suite, Apt. #, Etc. # I  
City Miami  
State FL Zip Code 33015

**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 Calinda Wright  
Date 10/30/03  
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
D	Kandy McBayne	19441 NW 53rd Ct.	Miami, FL 33055
D	Trevor McBayne	21210 NW 29th Ave.	Miami, FL 33056
D/P	Calinda Wright	18334 NW 68th Ave.	Miami, FL 33015

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**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:** Calinda Wright  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 10/30/03  
Daytime Phone # 377-5778

CR2001 (10/02)