

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP 13 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N01000005174

**DOCUMENT #**

**1. Corporation Name**

Andinted Vessel's Prayer Ministries, Inc.

**2. Principal Office Address**

19441 NW 53rd Ct

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33055

Country

**3. Mailing Office Address**

19441 NW 53rd Ct

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33055

Country

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

**5. FEI Number**

☒ 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

Kandy McBayne

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

19441 NW 53rd Ct

Suite, Apt. #, Etc.

900032754519  
04/14/04--01053--004 \*\*61.25

City

Miami

State

FL

Zip Code

33055

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

Kandy McBayne

Date

4/13/04  
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	Calinda Wright	1541 NW 133rd Ct.	Miami, FL 33167

STATEMENT 03-04

900032754519  
04/14/04--01046--002 \*\*61.25

900032754519  
09/23/04--01055--009 \*\*175.00

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:

Kandy McBayne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03

Date

Daytime Phone #

(305) 377-5778

CR2081 (10/02)