

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 18 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000006931**

1. Corporation Name

**EVANGELICAL FAITH MINISTRIES
INTERNATIONAL, INC.**

2. Principal Office Address

711 N.E. 38 CT.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL.

City & State

Zip

33064

Country

U.S.A

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

04-27-2001

5. FEI Number

651144626

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

JEAN LUCIEN

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

711 N.E. 38 CT

Suite, Apt. #, Etc.

City

POMPANO BEACH.

State

FL

Zip Code

33064

900041938939

10/18/04--01069--003 *\$316.25

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

Jean Lucien

Date **10-13-04**

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.P	JEAN LUCIEN	711 N.E. 38 CT	POMPANO BEACH FL. 33064
D.V	JEAN ROSELIE	711 N.E. 38 CT	POMPANO BEACH FL. 33064
DST.	CLERMONT, HERDNE	711 N.E. 38 CT	POMPANO BEACH FL. 33064
D	ST FLEUR ACEDA	711 N.E. 38 CT	POMPANO BEACH FL. 33064

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:

JEAN ROSELIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-04

Date

Daytime Phone #

754-367-6026

CR25081 (01/04)