

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 AUG 17 AM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W07000032850

DOCUMENT # N01000007670

1. Corporation Name

COME BY FAITH MINISTRIES, INC.

2. Principal Office Address - No P.O. Box #

221 WEST TATE ST

3. Mailing Office Address

221 WEST TATE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROWNFIELD TEXAS

City & State

BROWNFIELD TEXAS

Zip

79316

Country

USA

Zip

79316

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

10/29/2001

5. FEI Number

22-3837819

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
ROSA WORKS

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

11830 SW 222 ST

Suite, Apt. #, Etc.

City
GOULDS

State
FL

Zip Code
33170

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Rosa Works

Date 08/14/07

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
PD	DANIEL KINSEY	605 N BELL ST	BROWNFIELD TX 79316
T	MERLEANE WILLIAMS	8501 SW 185TH TERR	MIAMI FL 33157
S	ANDRIA ROBERTS	13251 SW 254 TERR	MIAMI FL 33032

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 08/14/07

Daytime Phone #