

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000008348

1. Corporation Name

Breath of Life International Ministries I

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

1208 W. Central Blvd

Suite, Apt. #, etc

City & State

Orlando, Fl.

Zip

32805

Country

Orange

3. Mailing Office Address

5343 Snowflake Ct

Suite, Apt. #, etc.

City & State

Orlando, Fl.

Zip

32839

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3752953

☐ 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

Curtis E. Graham

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

5343 Snowflake Ct.

Suite, Apt. #, Etc.

City

Orlando,

State

FL

Zip Code

32839

☒ 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

Curtis E. Graham

REGISTERED AGENT MUST SIGN

Date

12/07/09

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
P/D	Curtis E. Graham	5343 Snowflake Ct.	Orlando, Fl. 32839
VP/D	Bernesdean Grham	5343 Snowflake Ct.	Orlando, Fl. 32839
S/D	Altamese Jones	6332 Raleigh St.	Orlando, Fl. 32835
D	Renardo Hamilton	809 S. Ivey Lane	Orlando, Fl. 32811

10. E-mail Address: cgkquestions4@yahoo.com

(To be used for future annual report notification)

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. I further certify 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:

Curtis E. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/17/09

Daytime Phone #

FILED
09 DEC 31 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/10/09--01022--016 **183.75

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