

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 30 PM 3:26

DOCUMENT # N02000000303

1. Corporation Name

FAITH CATHEDRAL WORSHIP CENTER
INC.

2. Principal Office Address

6505 SANDBI LANE

Suite, Apt. #, etc.

City & State

GREENACRES, FL.

Zip

33467

Country

U.S.A.

3. Mailing Office Address

6505 SANDBI LANE

Suite, Apt. #, etc.

City & State

GREENACRES, FL.

Zip

33467

Country

U.S.A.

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/02

5. FEI Number

30-0043688

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

JUDITH BUCHANAN

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

108 VALENCIA STREET

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

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

Judith Buchanan
REGISTERED AGENT MUST SIGN

Date

1-29-04

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
<u>D</u>	<u>DONALD JOHNSON</u>	<u>5916 ITHACA CIRCLE</u>	<u>LAKEWORTH, FL. 33463</u>
<u>S/D</u>	<u>INGRID D. Hunter-Troy</u>	<u>6505 SANDBI LANE</u>	<u>GREENACRES, FL. 33467</u>
<u>T/D</u>	<u>PATTIANN BARTLEY</u>	<u>17395 FOXTAIL LANE</u>	<u>LOXAHATCHEE, FL. 33470</u>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-29-04 (561) 644 8768
Daytime Phone #