

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 AUG 27 PM 3:48

DOCUMENT # N02000001358

1. Corporation Name

FAMILY OUTREACH MINISTRY FAITH BASED CORP.

WI-38937

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

1483 Renton St.

3. Mailing Office Address

1483 Renton St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deltona

FL

City & State

Deltona FL

Zip

32725

Country

USA

Zip

32725

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2002

5. FEI Number
01-0643875

☐ 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

Luis R. Lantigua

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

1483 Renton St.

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32725

300184380903
08/16/10--01004--021 **420.00.

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

Luis Lantigua

Date 08/12/2010

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	Danilo Polanco	4888 Adair Oak Dr.	Orlando FL 32829
D	Luis R. Lantigua	1483 Renton St.	Deltona FL 32725
D	Reynaldo Lantigua	1483 Renton St.	Deltona FL 32725
D	Migdalia Lantigua	1483 Renton St.	Deltona FL 32725

REINSTATEMENT

PH

10. E-mail Address:

(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:

L. Lantigua

08/12/2010 386-860-1326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #