

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -9 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002254

1. Corporation Name

(L.I.F.E.C.H.A.N.G.E.R.S.) Ministries, INC

2027 NW 18th Terrace
2027 NW 18th Terrace

2. Principal Office Address

2027 NW 18th Terrace

3. Mailing Office Address

2027 NW 18th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33125

Country

Miami-Dade

Zip

33125

Country

Miami-Dade

4. Date Incorporated or Qualified

To Do Business in Florida 03/27/2002

5. FEI Number

86-1120926

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

Vincent Wooten

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

2027 NW 18th Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

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

Vincent Wooten

Date November 9, 2004

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
CEO/D	Vincent Wooten	2027 NW 18th Terrace	Miami, Florida 33125
P/D	Kanitha Wooten	2027 NE 18th Terrace	Miami, Florida 33125
VP/D	Katherine Keys	3920 NW 169th Terrace	Miami Gardens, Florida 33055
T	Irene Morris	1336 Kasim Street	Opa Locka, Florida 33054
S	Daisy Gates	4051 NW 198th Street	Miami Gardens, Florida 33055

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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:

Vincent Wooten Vincent Wooten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/09/04

Date

(786) 586-1124

Daytime Phone #

CR2001 (01/04)