

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 17 PM 3:04

RECEIVED

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02/03/06--01047--020 **358.75

CR2E081 (8/05)

DOCUMENT # N02000003663

1. Corporation Name

FLORIDA LADIES SPIRITUAL UPLIFT
MINISTRIES INC.

2. Principal Office Address

11281 SW 159 Street

Suite, Apt. #, etc.

City & State

MIAMI Florida

Zip

33157

Country

USA

3. Mailing Office Address

11281 S W 159 Street

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/10/2002

5. FEI Number

52-2368306

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

Colette HANNA

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

11281 S.W. 159 Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

Colette Hanna

Date

Jan. 10, 2006

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	Colette HANNA	11281 S.W. 159 St	MIAMI FL 33157
S	PANSY E GRAHAM	14814 Carver Drive	MIAMI FL 33176
Asst	GENEVA WILLIAMS	19510 N.W. 23 rd Ave	MIAMI FL 33056
Trea	LINDA Lightbourn	2652 Fletcher Ct	Hollywood FL 33056

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:

Colette Hanna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 10, 2006 (305) 284 4764

Date

Daytime Phone #