

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000009600**

1. Corporation Name

Christian Faith Ministry, Inc.

2. Principal Office Address

Tampa, FL 33612
10069 N Florida Ave
Suite, Apt. #, etc.

3. Mailing Office Address

10069 N.
Florida Ave Tampa, FL 33612
Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

Country

33612 Hillsborough

City & State

Tampa, Florida

Zip

Country

33612 Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

December 13, 2002

5. FEI Number

43-1988943

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Valentin Augustin

700024098487

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

8712 Busch Oaks St Tampa, Florida 33617

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33617

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

Valentin Augustin

REGISTERED AGENT MUST SIGN

Date

10/21/03

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
Pres.	Julio Oscar	6909 N. 20th Street	Tampa, Fla. 33610
Tres.	Dina Alcin	8122 N. Mark Street	Tampa, Fla. 33604
V. Pres.	Dominique J ⁿ Almanor	13395 Key Largo Rd.	Tampa, Fla. 33612
Sec.	Valentin Augustin	8712 Busch Oaks St.	Tampa, Fla. 33617

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:

Valentin Augustin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

Date

(813) 899-0323

Daytime Phone #

CR2E081 (10/02)