

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 26 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000011025

1. Corporation Name CHRIST FAITHFUL OUTREACH INT.
FNC.

2. Principal Office Address

1825 Grand Isles circle

Suite, Apt. #, etc.

414a

City & State

Orlando FL

Zip

32810

Country

ORANGE

3. Mailing Office Address

1825 Grand Isle circle

Suite, Apt. #, etc.

414A

City & State

Orlando FL

Zip

32810

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

12-15-2003

5. FEI Number

90029722

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

Willie James Murray

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

1825 Grand Isles circle

Suite, Apt. #, Etc.

414a

City

Orlando

State

FL

Zip Code

32810

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

Willie James Murray

REGISTERED AGENT MUST SIGN

Date

07-20-04

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
P	Murray Willie James	1825 Grand Isle circle	Orlando FL 32810
			500040699325 08/31/04--01056--016--**61.25
V	Murray Beatrice	1825 Grand Isle circle	Orlando FL 32810
T	Dedeaux Annetta ^{Nicks}	1834 Amberly Ave	Orlando FL 32822

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/20/04

Daytime Phone #

407661-1288

CR2E081 (01/04)