

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT -6 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004728

1. Corporation Name

Race for Faith, Inc.

W14-57519

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

46 Harbour Drive South

Suite, Apt. #, etc.

3. Mailing Office Address

46 Harbour Drive South

Suite, Apt. #, etc.

City & State

Ocean Ridge, FL

Zip

33435

Country

USA

City & State

Ocean Ridge, FL

Zip

33435

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida
05/12/2004

5. FEI Number

01-0814422

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

Victor Martel

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

46 Harbour Drive South

Suite, Apt. #, Etc.

City

Ocean Ridge

State

FL

Zip Code

33435

700265106547
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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

Victor Martel

REGISTERED AGENT MUST SIGN

Date

9/11/2014

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	Victor Martel	46 Harbour Drive South	Ocean Ridge, FL 33435
VP	Cindy Martel	46 Harbour Drive South	Ocean Ridge, FL 33435
Sect	John D. Dinato	6356 Old Medinah Circle	Lake Worth, FL 33463

10. E-mail Address: ljones@dentacml.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-733-9994

Date

Daytime Phone #