

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005388

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: FAITH INTERNATIONAL, INC.

## Current Principal Place of Business:

575 AZALEA BLOOM DRIVE  
APOPKA, FL 32712

## New Principal Place of Business:

## Current Mailing Address:

575 AZALEA BLOOM DRIVE  
APOPKA, FL 32712

## New Mailing Address:

FEI Number: 20-1183903      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

GIBSON, WALTER  
575 AZALEA BLOOM DRIVE  
APOPKA, FL 32712      US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WALTER GIBSON

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GIBSON, WALTER  
Address: 575 AZALEA BLOOM DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: V ( ) Delete  
Name: GIBSON, VERA  
Address: 575 AZALEA BLOOM DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: S ( ) Delete  
Name: GIBSON, LORRAINE  
Address: 101 ATLANTIC AVENUE  
City-St-Zip: FREEPORT, NY 11520

Title: T ( ) Delete  
Name: JACOBS, JEANETTE  
Address: 575 AZALEA BLOOM DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: BOND, TURNER C  
Address: 1158 BAILEY ROAD  
City-St-Zip: WILLIAMSTON, NC 27892

Title: D ( ) Delete  
Name: JONES, RODNEY  
Address: 7827 LAUREL OAK LANE  
City-St-Zip: KISSIMMEE, FL 34747

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: JONES, RODNEY  
Address: 7827 LAUREL OAK LANE  
City-St-Zip: KISSIMMEE, FL 34747

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER GIBSON

PD

04/03/2007

Electronic Signature of Signing Officer or Director

Date