

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N04000005844**

**1. Corporation Name**

Faith Ministries Community Development Corporation, Inc.

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

549 1st Street

Suite, Apt. #, etc.

City & State

Waverly, FL

Zip  
33877

Country  
Polk

**3. Mailing Office Address**

P O Box 149

Suite, Apt. #, etc.

City & State

Waverly

Zip  
33877

Country  
Polk

**4. Date Incorporated or Qualified  
To Do Business in Florida**

June 10, 2004

**5. FEI Number**

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

Alonzo Smith

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

611 Babcock Street

Suite, Apt. #, Etc.

City

Lake Wales

State

FL

Zip Code

33853

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**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

*Alonzo Smith*  
REGISTERED AGENT MUST SIGN

Date April 1, 2007

**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	Alonzo Smith	611 Babcock Street	Lake Wales, FL 33853
D	Ross Mathes	244 North Avenue	Lake Wales, FL 33853
S	Karen Stoudemire	1530 Sarah Street	Lake Wales, FL 33853

**REINSTATEMENT**

DS-07 TB

4/12/07

**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 contained in Chapter 119, 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:**

*Alonzo Smith*  
Alonzo Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 2007

Date

(863)604-3783

Daytime Phone #

FILED  
2007 APR 10 AM 10:30

SECRET  
TALLAHASSEE, FLORIDA

900098050209  
04/24/07--01008--003 \*\*183.75  
CR2E081 (1/07)