

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JAN 16 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000006361

**1. Corporation Name**

Sound The Trumpet Ministries of Miami, Inc.

**REINSTATEMENT 05-07**

CR2E081 (12/05)

**2. Principal Office Address**

14916 SW 22 Street

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 681454

Suite, Apt. #, etc.

**City & State**

Miramar, FL

**City & State**

Miami, FL

**Zip**

33027

**Country**

Broward

**Zip**

33168

**Country**

Dade

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

June 28, 2004

**5. FEI Number**

06-1728939

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**

Tavares Robinson

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

14916 SW 22 St.

Suite, Apt. #, Etc.

100085840121

01/23/07--01007--020 \*\*183.75

**City**

Miramar

**State**

FL

**Zip Code**

33027

**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

Tavares Robinson

Date

1/12/07

REGISTERED AGENT MUST SIGN

**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.	Tavares Robinson	14916 SW 22 St.	Miramar, FL.
V.P.	Cardra Robinson	14916 SW 22 St.	Miramar, FL.
Sec.	Lakeisha Hughes	5021 SW 124 St.	Miramar, FL.
Trea.	Cardra Robinson	14916 SW 22 St.	Miramar, FL.

**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:**

Tavares Robinson

1/12/07 (305) 331-7512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Sound The Trumpet Ministries of Miami, Inc.**  
**14916 SW 22<sup>nd</sup> Street**  
**Miramar, FL 33027**  
**Office: (305)331-7512**

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January 8, 2007

To Whom It May Concern:

The purpose of this letter is to inform your organization that Sound The Trumpet Ministries of Miami, Inc, did not receive the Annual Report Notice that was sent out for the year 2005, or 2006.

It is at this time that I am requesting for the reinstatement fee to be waived.

If you have any further questions or concerns, please feel free to contact my office at (305)331-7512.

Thank you,

A handwritten signature in black ink, appearing to read "Tavares D. Robinson". The signature is fluid and cursive, with the first name "Tavares" being the most prominent part.

**Tavares D. Robinson**  
**Founder/Senior Pastor**