

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 26 AM 8:21

DOCUMENT # N04000008693

1. Corporation Name

BERACHAH MINISTRIES INTERNATIONAL FAM

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

2349 SAN ARBOR CIR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32824

Country

USA

3. Mailing Office Address

P O BOX 683008

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32868

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/2004

5. FEI Number
20-1637926

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

DEONDE D JACKSON

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

2349 SAND ARBOR CIR

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code
32824

☒ 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

Date 03/20/2009

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
DIRECTOR	DEONDE D JACKSON	2349 SAND ARBOR CIR	ORLANDO, FL 32824
ASSISTANT	KRISTY JACKSON	2349 SAND ARBOR CIR	ORLANDO, FL 32824
TREASURER	LEON MATTHEWS III	6628 SWYEAR CT	ORLANDO, FL 32818
SECRETARY	TONYA HOLMES	P O BOX 1332	GOOSE CREEK, SC 29445
ASSISTANT	LAVERN GIBSON	4624 ROSS LANIER LANE	KISSIMMEE, FL 34758

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:

DEONDRE JACKSON

03/20/2009

407-257-6322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #