

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -8 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09

400165423144

01/08/10--01/14/10--002 **194.50
CR2E081 (12/08)

DOCUMENT # N04000009795
1. Corporation Name
Faith and Truth Revealed Ministries Inc

2. Principal Office Address - No P.O. Box # 5012 E. Broadway Ave Suite, Apt. #, etc. Suite A City & State Tampa, FL Zip 33619-2712		Country USA		3. Mailing Office Address 5012 E. Broadway Ave Suite, Apt. #, etc. Suite A City & State Tampa, FL Zip 33619-2712		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 4/17/2006

5. FEI Number 58-2605648	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Dwight Brown Sr.
Street Address (P.O. Box Number is Not Acceptable) 5012 E. Broadway Ave. Ste.
Suite, Apt. #, Etc. Suite A
City Tampa State FL Zip Code 33619-2712

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 [Signature] Date 1/7/10
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	Dwight Brown Sr.	7029 Flint Drive	Tampa, FL 33619-5936
T	Jeffrey Warren	P.O. Box 291923	Tampa, FL 33687-1923
S	Samantha Brown	7029 Flint Drive	Tampa, FL 33619-5936

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: [Signature] Jeffrey Warren Date 1/7/10 Daytime Phone # 813-728-3950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E-mail Address: jeibehar@gmail.com