

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000000103

**FILED**  
**May 30, 2012**  
**Secretary of State**

**Entity Name:** EXCITING FAITH ALIVE @ MT. SILLA, INC.

**Current Principal Place of Business:**

5705 E. 32ND AVE.  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

5705 E. 32ND AVE.  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:** 55-0882620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HAWKINS, ANTONIO R.  
11213 PLACID LAKE COURT  
RIVERVIEW, FL 33569 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:** ANTONIO R. HAWKINS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** HAWKINS, ANTONIO R.  
**Address:** 11213 PLACID LAKE COURT  
**City-St-Zip:** RIVERVIEW, FL 33569

**Title:** T  
**Name:** BUTLER, WALTER  
**Address:** 902 W. WOODLAWN AVE  
**City-St-Zip:** TAMPA, FL 33603

**Title:** DS  
**Name:** JENKINS, BRENDA K.  
**Address:** 3716 SMITH TREE STREET  
**City-St-Zip:** TAMPA, FL 33619

**Title:** TD  
**Name:** JOHNSON, WILLAMENA  
**Address:** 1615 E. CHELSEA ST  
**City-St-Zip:** TAMPA, FL 33610

I hereby 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 all other like empowered.

**SIGNATURE:** ANTONIO R. HAWKINS

D

05/30/2012

Electronic Signature of Signing Officer or Director

Date