

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 SEP 23 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000002504

1. Corporation Name

BEACON OF HOPE & FAITH MINISTRIES, INC

08-03-09 01044 019 \$35.00

500158495605

09/23/09--01004--001 **26.25

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

20837 NW 2ND AVENUE

3. Mailing Office Address

20837 NW 2ND AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI GARDENS

City & State

MIAMI GARDENS

Zip

FL

Country

33169

Zip

FL

Country

33169

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/2005

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

JEANLUKE LAGUERRE

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

20837 NW 2ND AVENUE

Suite, Apt. #, Etc.

City

MIAMI GARDENS

State

FL

Zip Code

33169

☒ 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.

500158495605

07/15/09--01003--011 **183.75

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

Jeanluke Laguerre
REGISTERED AGENT MUST SIGN

Date 09/10/2009

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
PD	JEANLUKE LAGUERRE	20837 NW 2ND AVENUE	MIAMI GARDENS, FL 33169
VD	YANITHE L. VINCENT	20837 NW 2ND AVENUE	MIAMI GARDENS, FL 33169
TD	STANLEY PAUL	20835 NW 2ND AVENUE	MIAMI GARDENS, FL 33169

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:

Jeanluke Laguerre JEANLUKE LAGUERRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/2009

Date

305-652-0114

Daytime Phone #

SEP 23 2009