

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 FEB -8 PM 1:42

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

0210

**REINSTATEMENT**

000168248490

02/08/10--01067--015 \*\*253.75  
CR2E081 (11/09)

**DOCUMENT # N06000003168**

1. Corporation Name

Prophetably Speaking Ministries, Inc.

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

10211 Pines Blvd.

Suite, Apt. #, etc.

107

City & State

Pembroke Pines

Zip

33026

Country

USA

3. Mailing Office Address

10211 Pines Blvd.

Suite, Apt. #, etc.

107

City & State

Pembroke Pines

Zip

33026

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/2006

5. FEI Number

20-4514987

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

Marie Louis

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

800 S. Park Road

Suite, Apt. #, Etc.

2-24

City

Hollywood

State

FL

Zip Code

33021

☒ 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

*Marie Louis*

REGISTERED AGENT MUST SIGN

Date 02/08/2010

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
D	Marie Louis	800 S. Park Rd., 2-24	Hollywood, FL 33021
T	Nichole Tuff	1734 SW Cecelia Lane	Port St. Lucie, FL 34953
D	L. B. Corridon	10211 Pines Blvd., 158	Pembroke Pines, FL 33026
			M. MILLIGAN EXAMINER
			FEB - 9 2010

10. E-mail Address: prophetablyspeaking@gmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Marie Louis*

Marie Louis, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/2010 954-213-3593

Date

Daytime Phone #