

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # - N06 00000 5561

1. Corporation Name

Focus On Him ministries

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

4760 NW 3rd

Suite, Apt. #, etc

Plantation, FL

City & State

Zip

33317 U.S.A

Country

3. Mailing Office Address

N/A

Suite, Apt. #, etc

N/A

City & State

Zip

N/A

Country

N/A

7. Name and Address of Current Registered Agent

Name

James Michael

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

6575 West Oakland Park

Suite, Apt. #, Etc.

Blgd 2 Apt 502

City

Lauderhill

State

FL

Zip Code

33313

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]*

REGISTERED AGENT MUST SIGN

Date

4/11/09

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
President	James Michael	6575 West Oakland Park	Lauderhill / FL / 33313
Vice President	Wilson Sainvil	1328 NW 1st Ave.	Ft. Lauderdale / FL / 33311
Secretary	Wilson Sainvil	1328 NW 1st Ave.	Ft. Lauderdale / FL / 33311
Treasurer	Vesly Fortune	4760 NW 3rd CT	Plantation / FL / 33317
Advisor	Michael h. Porcena	7777 N. Miami Avenue	Miami / FL

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/09

Daytime Phone #

954 882 2840

FILED

09 MAY 13 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400155897534

05/13/09 04:04:13 \*\*183.75

REINSTATEMENT 02-09

4. Date Incorporated or Qualified  
To Do Business in Florida

5/19/2006

5. FEI Number

N06000005561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status