

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 16 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000006821

1. Corporation Name

Prophetic Faith & Hope Ministries Inc

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

6969 COLLINS AVE

Suite, Apt. #, etc.

APT. 408

City & State

MIAMI BEACH

Zip

33141

Country

U.S.A

3. Mailing Office Address

P.O. Box 4599

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33141

Country

USA.

600169001306

02/16/10--01030--001 **183.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

08 065 3997

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

TERESA FABELO

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

6969 COLLINS AVE

Suite, Apt. #, Etc.

APT 408

City

MIAMI BEACH

State

FL

Zip Code

33141

☒ 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

Teresa Fabelo

REGISTERED AGENT MUST SIGN

Date

2-12-10

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
P	TERESA fabelo	6969 COLLINS AVE # 408	MIAMI BEACH FL 33141
VP	ELIZABETH Goicochea	6969 COLLINS AVE # 408	MIAMI BEACH FL 33141
T	RUTH Goicochea	6969 COLLINS AVE # 408	MIAMI BEACH FL 33141

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:

Teresa Fabelo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-10

Date

Daytime Phone #