

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
12 JAN -3 PM 12:16

**DOCUMENT # N07000010943**

1. Corporation Name

**COMMUNITY FAITH BASED ORGANIZATION INC**

2. Principal Office Address - No P.O. Box #  
**2304 East Atlantic Blvd**

3. Mailing Office Address  
**2312 Wilton Drive**

Suite, Apt. # etc.

**Second Floor**

Suite, Apt. #, etc.

City & State

**Pompano Beach, Florida**

City & State

**Wilton Manors, Florida 33305**

Zip

**33062**

Country

**USA**

Zip

**33305**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida **11/09/2007**

5. FEI Number

**36-4620834**

☐ 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

**Eric Yankwitt**

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

**2312 Wilton Drive**

Suite, Apt. #, Etc.

City

**Wilton Manors**

State

**FL**

Zip Code

**33305**

**800215824758**  
**01/03/12--01042--018 \*\*\*420.00**

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

REGISTERED AGENT MUST SIGN

Date

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
Pres	Eric Yankwitt	5450 North Ocean Blvd #48	LBTS, FI 33308
VP	Verenice Rapaport	5450 North Ocean Blvd #48	LBTS, FI 33308
Sec/Treas	Zoila Villafuerte	5450 North Ocean Blvd # 39	LBTS, FI 33308

10. E-mail Address: **Eric@MyTaxGuru.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817 155, F.S.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/15/11**

Daytime Phone #