

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

14 DEC -5 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N09000010311</b> 1. Entity Name <b>FAITH, HOPE &amp; LOVE MINISTRIES INTERNATIONAL INC</b>					
Principal Place of Business 114 THOMPSON CIRCLE TALLAHASSEE, FL 32312			Mailing Address PO BOX 13794 TALLAHASSEE, FL 32317		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		12052014 REIN-NP CR2E099 (12/11)	
Zip		Country		4. FEI Number <b>00000000</b>	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FREEMAN, JUDIANNA 113 THOMPSON CIRCLE TALLAHASSEE, FL 32312				Name Street Address (P.O. Box Number is Not Acceptable) <b>392 Bannerman Rd</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32312</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <span style="float: right;">12/5/14</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW IN FEE IS \$236.25</b> <b>After January 1, 2015, Fee will be \$297.50</b>				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FREEMAN, KAREY 113 THOMPSON CIRCLE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Karey Freeman 392 Bannerman Rd Tallahassee FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FREEMAN, JUDIANNA 113 THOMPSON CIRCLE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Judianna Freeman 392 Bannerman Rd Tallahassee FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900267160109 12/05/14--01005--019 **245.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <span style="float: right;">12/5/14 judianna7@gmail.com</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date E-MAIL ADDRESS</small>					