

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000003113

FILED  
Oct 07, 2012  
Secretary of State

**Entity Name:** EMPYREAN FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

5408 TOURAINE DRIVE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14871  
TALLAHASSEE, FL 32317

**New Mailing Address:**

5408 TOURAINE DRIVE  
TALLAHASSEE, FL 32308

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HENRY, MARIA  
5408 TOURAINE DRIVE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: MARIA HENRY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HENRY, MARIA  
Address: 5408 TOURAINE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP  
Name: HENRY, LIONEL M.D.  
Address: 1638 NORTH PLAZA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: SEC  
Name: HENRY, KHARY  
Address: 2750 OLD ST. AUGUSTINE RD. APT B20  
City-St-Zip: TALLAHASSEE, FL 32301

Title: SEC  
Name: HENRY, KASIMU  
Address: 5408 TOURAINE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA HENRY

P

10/07/2012

Electronic Signature of Signing Officer or Director

Date