PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2017 AUG 11 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13000011167

1. Corporation Name
FAITH IN ACTION Healing, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5180 Nesting Way	SAME
Suite Apt # etc: C	Suite Apt # etc:
City & State: Delray Beach FL	City & State:
Zip: 33484 Country: USA	Zip: 33484 Country:

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/2013

5. FEI Number: 46-4279402 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Kathleen Nelson

Street Address (P.O. Box Number is Not Acceptable): 5180 Nesting Way

Suite Apt # Etc: C

City: Delray Beach State: FL Zip Code: 33484

900302411059
08/10/17--01024--003 **280.00
5/31/17 01007 004 140.00

900302411059
08/10/17--01024--010 **8.75

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: K Nelson — Date: 6-13-17

REGISTERED AGENT MUST SIGN

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/TR	Kathleen Scanlon	5180 Nesting Way Unit C	Delray Beach FL 33484
VP	Elizabeth Amoroso	5180 Nesting Way Unit C	Delray Beach FL 33484
Sec	Brette Gilbert	21283 Atlantic Blvd #8E Boca Raton 33433	Boca Raton FL 33433

10. E-mail Address: KathyScanlon@yahoo.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: K Nelson — 6-13-17

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #