

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2025 JAN 28 PM 5:00

SECRETARY OF THE  
TREASURY

100443462361  
01/28/25--01008--004 \*\*236.05

DOCUMENT # N 23 000009363

1. Corporation Name

CELEBRATE FREEDOM MINISTRIES, INC.

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

701 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 1550

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

3. Mailing Office Address

1661 WEST AVENUE

Suite, Apt. #, etc.

#313

City & State

MIAMI BEACH, FLORIDA

Zip

33131

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/4/2023

5. FEI Number

93-2753785

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

OE MIAMI INC.

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

701 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 1550

City

MIAMI

State

FL

Zip Code

33131

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

*Kelly Ramsden*

Date 1/7/2025

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
DR.	MINA ATTIA	1504 BAY RD. APT. 2601	MIAMI BEACH, FLORIDA 33139
DR.	YVON ATTIA	1504 BAY RD. APT. 2601	MIAMI BEACH, FLORIDA 33139
MRS.	ESTHER ARKELL	1504 BAY RD. APT. 2601	MIAMI BEACH, FLORIDA 33139
MR.	RAFAEL ATTIA	1504 BAY RD. APT. 2601	MIAMI BEACH, FLORIDA 33139

10. E-mail Address: info@celebratefreedomministries.org

(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

1/7/2025

Date

JAN 28 2025