
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

23 000009363

CELEBRATE FREEDOM MINISTRIES, INC.

FILED

2025 JAN 28 PM 5: 00

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100443462361

2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1661 WEST AVENUE 1710 Per							1	01%50%55~~01000~~00% ~~~coored			
Suite, Apt. #, acc. Suite, Apt. #, etc. #313 4. Date Incorporate or Qualified To Do Business in Floridas 8/4/2023	Principal Office Address - No P.O. Box # 3. Mailing C			ffice Addres	 SS		1				
State State	701 BRICKELL AVENUE 1661 WE		1661 WEST	AVENUE							
To Do Business In Florida	Suite, Apt.	#, etc.	Suite, Apt. #,	#, etc.		L	CR2E081 (11/10)				
City & State MAMI, FLORIDA City & State MAMI BEACH, FLORIDA Country USA Countr	SUITE 15	50	#313			4.					
MIAM, FLORIDA Size Country Country USA Salate USA Salate USA Salate Certificate of Status Desired Salate	City & State	3	City & State				Ļ				
Zip 33131	MIAMI, FI	LORIDA	MIAMI BEA	CH, FLORII	DA		5.	93-2753785	— ble		
7. Name and Address of Currant 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 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles 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 MRS. ESTHER ARKELL 1504 BAY RD. APT. 2601 MIAMI BEACH, FLORIDA 33139	Zip	Country	Zip		Country		6.	6.			
Name OE MIAMI INC. Street Address (P. O. Box Number is Not Acceptable) 701 BRICKELL AVENUE Suite, Apt. #, Etc. SuitTE 1550 City MIAMI 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director DR. MINA ATTIA 1504 BAY RD. APT. 2601 MIAMI BEACH, FLORIDA 33139 MRS. ESTHER ARKELL 1504 BAY RD. APT. 2501 MIAMI BEACH, FLORIDA 33139 MRS. ESTHER ARKELL 1504 BAY RD. APT. 2501 MIAMI BEACH, FLORIDA 33139	33131	USA	33131		USA			CERTIFICATE OF STATUS DESIRED 3073 AGGINGIAN FOR 150			
OE MIAMI INC. Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE Suite, Apt.#, Etc. SUITE 1550 City MIAMI 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officers and/or Directors Date 1/7/2025 City / State / Zip DR. MINA ATTIA 1504 BAY RD. APT. 2601 MIAMI BEACH, FLORIDA 33139 MRS. ESTHER ARKELL 1504 BAY RD. APT. 2601 MIAMI BEACH, FLORIDA 33139		7. Name and Address	s of Current Regis	tered Agen	nt						
Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE Suite, Apt. #, Etc. SUITE 1550 City MIAMI State FL 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 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 Officers and/or Directors Street Address of Each Officer and/or Director DR. MINA ATTIA 1504 BAY RD. APT. 2601 MIAMI BEACH, FLORIDA 33139 MRS. ESTHER ARKELL 1504 BAY RD. APT. 2601 MIAMI BEACH, FLORIDA 33139		OE MISSUING			-		1				
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Suite, Apt. #, Etc. SUITE 1550 City MIAMI 8. I, being appointed the registered egent of the above named corporation, am famillar with and accept the obligations of section 507.0505 or 617.0503, F.S. Signature of Registered Agent Kelly Ramaden Date 177/2025		,	ole)								
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	Suite, Apt.	. #, Etc.	-								
Signature of Registered Agent Kelly Ramadan 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 Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Officer and/or Director MIAMI BEACH, FLORIDA 33139 DR. MINA ATTIA 1504 BAY RD. APT. 2601 MIAMI BEACH, FLORIDA 33139 MRS. ESTHER ARKELL 1504 BAY RD. APT. 2601 MIAMI BEACH, FLORIDA 33139					ŕ						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	8. I, being	appointed the registered agent of the	above named corpo	oration, am i	famillar wit	h and accept the	obliga	gations of section 607.0505 or 617.0503, F.S.			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	Signature o	of	K.00	0	1						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	Registered Agent		ENT MUST SIGN			Date1/7/2025					
Officer and/or Directors Officer and/or Director 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	9. Name:	s and Street Addresses of Each Officer		· · · · · ·		tions must list at I	east 3	t 3 directors)			
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	i	Name of			Street Address of Each		h				
DR. YVON ATTIA 1504 BAY RD, APT. 2601 MIAMI BEACH, FLORIDA 33139 MRS. ESTHER ARKELL 1504 BAY RD. APT. 2601 MIAMI BEACH, FLORIDA 33139	11200	Officers and/or Directo	Officers and/or Directors		Officer and/or Director		r	Oily / State / Zip	City / State / Zip		
MRS. ESTHER ARKELL 1504 BAY RD. APT. 2601 MIAMI BEACH, FLORIDA 33139	DR.	MINA ATTIA		1504 BAY RD. APT. 2601		<u> </u>	MIAMI BEACH, FLORIDA 33139	MIAMI BEACH, FLORIDA 33139			
ESTHER ARKELL 1304 BAT NO. AFT. 2001 MIAMI BEACH, FLORIDA 33139	DR.	YVON ATTIA		1504 BAY RD, APT, 2601			MIAMI BEACH, FLORIDA 33139				
MR. RAFAEL ATTIA 1504 BAY RD. APT. 2801 MIAMI BEACH, FLORIDA 33139	MRS.	ESTHER ARKELL		1504 BAY RD. APT. 2601			MIAMI BEACH, FLORIDA 33139	MIAMI BEACH, FLORIDA 33139			
	MR.	MR. RAFAEL ATTIA		1504 BAY RD. APT. 2601			MIAMI BEACH, FLORIDA 33139	MIAMI BEACH, FLORIDA 33139			
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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 safe was 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2025

JAN 2.8, 2025