

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 11 AM 6:58

DOCUMENT # N30915

**1. Corporation Name**

Faith Walk Ministries

**2. Principal Office Address**

Rt. 1 Box 216-J

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32055

Country

USA

**3. Mailing Office Address**

Rt. 1 Box 216-J

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32055

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1990

**5. FEI Number**

☒ 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

Larry Graham Sr

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

Rt. 1 Box 216-J (Jake Rd)

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32055

100003405001-2

-09/26/00--01088--004

\*\*\*857.50 \*\*\*857.50

**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

Larry Graham Sr

Date 9-7-00

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
P/D	Larry Graham Sr	Rt. 1 Box 216-J	Lake City, FL 32055
V/D	Benjamin Perry	777 S. Avalon St.	Lake City, FL 32025
S/D	Nelson Ross	Rt. 15 Box 4439	Lake City, FL 32089
T	Tina M. Graham	Rt. 1 Box 216-J	Lake City, FL 32055
			AD

**10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:** Larry Graham Sr LARRY GRAHAM SR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-00  
Date

752-0929  
Daytime Phone #