


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 PM 2:14

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 04-06
CR2E081 (12/05)

DOCUMENT # **A37613**
1. Corporation Name
INTERFAITH MINISTRIES, INC.
WD6 00005779

2. Principal Office Address
10202 VANDERBILT DR
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
FL

Zip
34108 Country
COLLIER

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
4-10-1990

5. FEI-Number
65-0187321 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
REV. SAMUEL ORRIN SEWELL

Street Address (P.O. Box Number is Not Acceptable)
10202 VANDERBILT DR.

Suite, Apt. #, Etc.

City
NAPLES

State
FL

Zip Code
34108

900066686949
02/27/06 01013 010 **367 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 *Samuel Sewell* Date **2-12-06**
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
D	SEWELL, SAMUEL REV.	10202 VANDERBILT DR.	NAPLES FL 34108
D	SEWELL, BUNNY REV.	10202 VANDERBILT	NAPLES FL 34108
D	LOIS C DANIALS	2455 PINWOODS CR	NAPLES FL 33942

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 contained in Chapter 119, 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: *SAMUEL O SEWELL* *Samuel Sewell* Date **2-12-06** 239,591,1987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #