

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP -8 PM 2:26

DOCUMENT # N40693

1. Corporation Name

Emmanuel Ministries International, Inc.

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

644 SE 4th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 694841

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Miami, Florida

Zip

33301

Country

USA

Zip

33269

Country

USA

400160406734

09/08/09--01067--005 **1225.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 7/03/1991

5. FEI Number 65-0295620

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

E. Scott Golden, Esq.

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

644 SE 4th Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33301

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

E. Scott Golden

Date 8/24/09

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
DP	John Boney	18150 NW 5th Court	Miami, Florida 33269
DST	Carmen Boney	18150 NW 5th Court	Miami, Florida 33269
D	Claudette Fletcher	260 NE 116th Street	Miami, Florida 33161

REINSTATEMENT

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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:

John Boney

John Boney

8/21/09

Date

(305) 788-2382

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR