

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

06 FEB 27 AM 9:37

DOCUMENT # N 45029 (8)

1. Corporation Name

Antioch Faith Fellowship, Inc.

2. Principal Office Address

220 E. Collins ST

Suite, Apt. #, etc.

#1B

City & State

Umatilla Florida

Zip

32784

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

same

Country

same

REINSTATEMENT 00-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09-06-91

5. FEI Number

59-3079533

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

Rachel Gonzales

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

220 E. Collins ST.

Suite, Apt. #, Etc.

#1B

City

Umatilla

State

FL

Zip Code

32784

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

Rachel Gonzales

REGISTERED AGENT MUST SIGN

Date 2-17-06

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	Leonardo Gonzales Jr.	220 E. Collins ST. #1B	Umatilla FL 32784
T/S/V/D	Rachel Gonzales	220 E. Collins ST. #1B	Umatilla FL 32784
D	Wilmer Allen Cooper	3244 SR 46	MT. Dora FL 32757-9215
O	Dennis Thurston	13430 Palm DR	Astatula FL 34705
O	Nicolas Tijerina	30935 Swan Rd.	Sorrento FL 32776

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:

Rachel Gonzales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-17-06 321443-1214

Daytime Phone #