

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

16 OCT 18 AM 10:46

DOCUMENT # N49282

1. Corporation Name

Faith in Florida, Inc

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

407 E. Amelia St

Suite, Apt. #, etc.

3. Mailing Office Address

407 E. Amelia St

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32803

Country

USA

Zip

32803

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/1992

5. FEI Number

59-3151613

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

Wesley Lathrop

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

406 E. Amelia St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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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

Date **10/11/16**

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	Wesley Lathrop	406 E. Amelia St	Orlando/FL/32803
CD	Faith Seabrooks	545 Charles Ct	Orlando/FL/32805
SD	Kathy Hazelwood	621 Lakeview Ave. A3	Orlando/FL/32804
D	Patricia Heick	3014 Bowmaster Ct	Orlando/FL/32822
D	Joan Healy	1738 Blossomwood Ln	Orlando/FL/32818
D	Charles McWhorter	2130 W. Church St	Orlando/FL/32805

10. E-mail Address: **ggarcia@faithinflorida.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 same legal effect as 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wesley Lathrop

Date

10/11/16

Daytime Phone #

407-849-5031