

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 23 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N50351**

1. Corporation Name

**CHRISTIAN HARFOUCHE MINISTRIES, INC.**

Principal Place of Business

Mailing Address

2411 EXECUTIVE PLAZA ROAD  
PENSACOLA FL 32504

2411 EXECUTIVE PLAZA ROAD  
PENSACOLA FL 32504

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

*JB*

4. Date Incorporated or Qualified  
To Do Business In Florida

08/10/1992

5. FEI Number

59-3161058

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HARFOUCHE, CHRISTIAN	2320 E. MALLORY	PENSACOLA FL 32504
DV	VILLAR, RON	911 CERISE AVE	TORRANCE CA
DST	HARFOUCHE, ROBIN	2320 E. MALLORY	PENSACOLA FL 32504
			100002705441--S -12/08/98-01007-005 *****8.75 *****8.75
			100002705441--S -12/08/98-01007-006 *****236.25 *****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARFOUCHE, CHRISTIAN  
2411 EXECUTIVE PLAZA ROAD  
PENSACOLA FL 32504

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Robin Harfouche*  
REGISTERED AGENT MUST SIGN

Date **11-15-98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Robin Harfouche*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-15-98**  
Date

Daytime Phone #

CR2E040 (8/98)