

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000973**

1. Corporation Name

RECONCILED LIVING MINISTRIES, INC.

Principal Place of Business

Mailing Address

7770 NW 23RD AVE
MIAMI FL 33147
US

P. O. BOX 470493
MIAMI FL 33247

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

2. New Principal Office Address, If Applicable

7770 NW 22nd Avenue

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33147

Country

Miami-Dade

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1994

5. FEI Number

65-0472006

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DCP	GAYLE, KARL R	674 NW 62ND ST. 2411 NW 170th Street	MIAMI FL
V	GAYLE, ANGEL C	674 NW 62ND ST. 2411 NW 170th Street	MIAMI FL
D	STUBBS, KENT	237 NW 48TH ST	MIAMI FL
D	TAYLOR, DEBORAH	2411 NW 170TH ST.	MIAMI FL
D	RINGLING, JULIUS C. J	1897 NW 151ST STREET	OPA LOCKA FL
ST	JOHNSON, DEMETRIA Y	1955 NW 5TH PLACE #11	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAYLE, ANGEL C
7770 NW 23RD AVE STE A
MIAMI FL 33147

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

REGISTERED AGENT MUST SIGN

Date 11/19/01

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2001

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