

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000002640

**FILED**  
**Oct 13, 2009**  
**Secretary of State**

**Entity Name:** FAITH ANOINTED MINISTRY, INC.

**Current Principal Place of Business:**

5126 NW 7TH AVE  
MIAMI, FL 331272010 US

**New Principal Place of Business:**

**Current Mailing Address:**

5050 NW 7TH AVE  
MIAMI, FL 33127

**New Mailing Address:**

**FEI Number:** 65-0495272      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GARVIN, CHARLES H  
16101 NW 17TH CT  
OPA LOCKA, FL 33054 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLES H GARVIN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARVIN, CHARLES H  
Address: 16101 NW 17TH CT  
City-St-Zip: OPA LOCKA, FL 33054

Title: S ( ) Delete  
Name: GARVIN, JACQUELINE  
Address: 16101 NW 17TH COURT  
City-St-Zip: OPA LOCKA, FL 33054

Title: T ( ) Delete  
Name: WILLIAMS, BERNICE  
Address: 18035 NW 43RD CT  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H GARVIN

P

10/13/2009

Electronic Signature of Signing Officer or Director

Date