

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # *N94000003180*

FILED

97 JUN 17 PM 3: 34

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Corporation Name

*FAITH BY WORKS Outreach Ministry, INC*

Principal Place of Business

Mailing Address

*1830 NW 85th St.  
 Miami, FL 33056*

**REINSTATEMENT** *95-97*

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		4. Date Incorporated or Qualified To Do Business in Florida <i>6-27-94</i> <i>or 6/27/94</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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
<i>Dir. PRES</i>	<i>Paula LEE</i>	<i>1830 NW 85th St</i>	<i>miami, FL 33056</i>
<i>Dir. sec.</i>	<i>William Stuckey</i>	<i>1830 NW 85th St</i>	<i>miami FL 33056</i>
<i>Dir. Treas.</i>	<i>Parnetha Stuckey</i>	<i>1830 NW 85th St</i>	<i>miami FL 33056</i>
			<i>200002215822--2</i> <i>-06/18/97--01068--011</i> <i>****367.50 ****367.50</i>

8. Name and Address of Current Registered Agent

*Paula LEE*  
*1830 NW 85th St.*  
*Miami FL 33056*

9. Name and Address of New Registered Agent

Name	State	Zip Code
Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>	
Suite, Apt. #, Etc.		
City		

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

*X Paula Lee*

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *X Paula Lee* *President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6-17-97*  
 Date Daytime Phone #

CR2E040 (12/96)