

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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FILED

08 MAR 19 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03192008 REIN-NP CR2E099 (1/07)

DOCUMENT # N94000003180 1. Entity Name FAITH BY WORKS OUTREACH MINISTRY, INC.					
Principal Place of Business 1830 N.W. 185 STREET SUITE 1 OPA-LOCKA, FL 33056			Mailing Address 1830 N.W. 185 STREET SUITE 1 OPA-LOCKA, FL 33056		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0519053	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEE, PAULA 1830 N.W. 185 STREET MIAMI, FL 33056				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Paula J. Lee</i></u> 3/19/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, PAULA 1830 N.W. 185TH STREET MIAMI, FL 33056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STUCKEY, WILLIAM 1830 N.W. 185TH STREET MIAMI, FL 33056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STUCKEY, PARNETHA 1830 N.W. 185TH STREET MIAMI, FL 33056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DIXSON, NETTER 1830 N.W. 185TH STREET MIAMI, FL 33056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DIXSON, NETTER 1830 N.W. 185TH STREET MIAMI, FL 33056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DIXSON, NETTER 1830 N.W. 185TH STREET MIAMI, FL 33056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DIXSON, NETTER 1830 N.W. 185TH STREET MIAMI, FL 33056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DIXSON, NETTER 1830 N.W. 185TH STREET MIAMI, FL 33056	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE <u><i>Paula J. Lee</i></u> 3/19/08 <small>Signature typed or printed name of signing officer or director DATE Daytime Phone #</small>		

03/27/08--01007--004 **131.25
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REINSTATEMENT 07-08

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3/19/08

Faith By Work Outreach Ministry INC.
935 PENNSYLVANIA AVE #103
MIAMI BEACH FL. 33139
305-695-0551

I Paul J. Kee didn't received any
Documentations on Corporation. I am now located
at the A said Address. I would like to pay
the 122.50 fee on Re

President
Paul J. Kee