

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP 27 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003590**

1. Corporation Name

**Homeless Thrift Ministries, INC**

2. Principal Office Address

**2005 NW 4th**

Suite, Apt. #, etc.

3. Mailing Office Address

**585 NW 46th**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33127**

Country

**USA**

Zip

**33129**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**9/26/05**

5. FEI Number

**113758453**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Marvette Hayes**

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

**2005 NW 4th**

Suite, Apt. #, Etc.

**Miami, Florida**

City

**Miami**

**600060127066**

**10/03/05--01005--005 \*\*760.00**

State  
**FL**

Zip Code

**33127**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**9/26/05**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pastor	Marvette Hayes	2005 NW 4th	Miami, FL 33127
Asst.	Wylene Johnson	585 NW 46th	Miami, FL 33126
Dir	Richard R. Lewis	2240 NW 52nd	Miami, FL 33140
Dir	Satara Williams	460 NW 75th	Miami, FL 33142

10. 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]* **Marvette A. Lewis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**9/26/05 786-413-7640**

Daytime Phone #

CR2E081 (01/05)

Sept 24, 2005

to whom it may concern:

Homeless Thrift Ministries is requesting the weavier fee of one hundred seventy-five dollars for the reinstatement, due to agency did not recieved a dissolution of letter or an annual report for 1995. However I'm submitting seven hundred and sixty dollars

for the following:

- Copy of the Artical of cooperation \$8.75
  - Certificate of status \$8.75
  - Reinstatement fee \$742.00
- 
- Total 760.00

Sept 26, 2005

Your prompt attention in this matter is kindly appreciated.

You may contact me @ (315) 573-2372  
or (786) 413-7640, via e-mail

MHayes00@bellsouth.net

Sincerely,

Mervette Hayes

W/A