

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 # **N014000004346**

1. Corporation Name

CARLOS L. Malone, SR. Ministries Inc.

Principal Place of Business

Mailing Address

8241 SW 183rd St.

MIAMI, FL 33157

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 6, 1994

5. FEI Number

65-081-7087

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
Chm	TROY T. JONES	10467 SW 18th St	MIRAMAR, FL 33025
Vchm	Maurice Ambler	8245 SW 184th Ln.	Miami, FL 33157
D	HENRY C. Godwin JR.	7701 SW 181st Ter.	Miami, FL 33157
D/s	Sean Nelson	15605 SW 108ct	Miami, FL 33157
D	LEONARD Hamilton	7301 SW 133rd Ter.	Miami, FL 33156

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

TROY T. JONES

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

10467 SW 18th St

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33005

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 **Dec 12, 1997**

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)(j), 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

TROY T. JONES

12/12/97

Date

(954) 433-7073

Daytime Phone #