

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 16 AM 8:01

DOCUMENT # **N94000004346**

1. Corporation Name

CARLOS MALONE MINISTRIES, INC. (CMM)

Principal Place of Business

Mailing Address

8241 S.W. 183 STREET
MIAMI FL 33157

8241 S.W. 183 STREET
MIAMI FL 33157



800009519318
12/16/02--01035--002 **245.00

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

09/06/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0517087

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	MALONE, CARLOS L SR	8241 SW 183RD STREET	MIAMI FL 33157
VC	MALONE, PAMELA R	8241 SW 183RD STREET	MIAMI FL 33157
D	GODWIN, HENRY C JR.	7701 S.W. 181ST TERRACE	MIAMI FL 33157
D	YOUNG, RAYMOND	7190 NW 179TH STREET, #211 12985 Old Cutler Road	MIAMI FL 33015 Miami FL 33158
D	HAMILTON, LEONARD	7301 S.W. 133 TERRACE	MIAMI FL 33156
D	MALONE, CARLOS L SR	8241 S.W. 183 STREET	MIAMI FL 33157

8. Name and Address of Current Registered Agent

GODWIN, JOE ANN
14440 LINCOLN BLVD.
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

REINSTATEMENT 02

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Joe Ann Godwin **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 12-10-02

11. 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:

Carlos Malone **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/02 305 835 7423

CR2E040 (802)