

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY 11 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004346

1. Corporation Name

Carlos Malone Ministries, Inc.(CMM)

2. Principal Office Address - No P.O. Box #
11410 Lincoln Blvd

Suite, Apt. #, etc.

3. Mailing Office Address
11410 Lincoln Blvd

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33176

Country
Dade

Zip
33176

Country
Dade

7. Name and Address of Current Registered Agent

Name
SJO Associates Inc

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

Suite, Apt. #, Etc.

City
Homestead

State FL **Zip Code** 33030

4. Date Incorporated or Qualified To Do Business in Florida 9/6/1994

5. FEI Number 650517087

Applied For
☐ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 4/16/07

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
D	Carlos Malone, Sr	11410 Lincoln Blvd	Miami FL 33176
D	Pamela Malone	11410 Lincoln Blvd	Miami FL 33176
D	Raymond Young	11410 Lincoln Blvd	Miami FL 33176

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 contained in Chapter 119, 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

4/16/07

Date

3052337423

Daytime Phone #

4/18/07