

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 # N94000005437

1. Corporation Name
THE FAITH FOUNDATION, INC.

Principal Place of Business
940 GREEN'S DAIRY RD.
DELAND FL 32720
US

Mailing Address
P.O. BOX 1898
DELEON SPRINGS FL 32130
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
565 Rylane Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.

City & State
DeLeon Springs, Fl.

City & State

Zip 32130 Country Volusia

Zip Country

FILED
97 DEC 31 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1994

5. FEI Number 59-3276679

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BROOKS, KAREN D	565 RYLANE STREET	DELEON SPRINGS FL
D	MADDOX, DEBORAH L	1171 GLENWOOD TRAILS	DELAND FL
D	MADDOX, DEBORAH L	128 S. W. BERRY RD.	DELAND FL 32720
D	COLLINS, KATHLEEN	1645 W. BERESFORD RD.	DELAND FL 32720
D	WILSON, KATHLEEN	2022 N. 15A	DELAND FL
D	CHOMIN, CARRIE B.	1545 W. BERESFORD RD.	DELAND, FL.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROOKS, KAREN D
940 GREEN'S DAIRY RD.
DELAND FL 32720

Name

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

565 Rylane Street 800002402559--6
Suite, Apt. #, Etc.

City

DeLeon Springs

State

FL

Zip Code

32130

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

Karen D Brooks
REGISTERED AGENT MUST SIGN

Date 12/30/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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:

Karen D Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Karen D Brooks

12/30/97 (904) 738-5021
Date Daytime Phone #

CR20040 (8/97)