

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:41

DOCUMENT # N95000004729

**1. Corporation Name**

Walls of Fire Ministries, Inc.

**2. Principal Office Address**

5301 NW 17 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33142

Country

USA

**3. Mailing Office Address**

8401 SW 107 Avenue

Suite, Apt. #, etc.

E-357

City & State

Miami, Florida

Zip

33173

Country

USA

**REINSTATEMENT** 98-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/29/1995

**5. FEI Number**

65-0601804

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

Clarence Wilson

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

8401 SW 107 Avenue

Suite, Apt. #, Etc.

E-357

City

Miami

State

FL

Zip Code

33173

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 *C. Wilson*

REGISTERED AGENT MUST SIGN

Date *6/3/00*

**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	Clarence Wilson	8401 SW 107 Avenue, E-357	Miami, Florida 33173
/T/D	Charlotte Wilson	8401 SW 107 Avenue E-357	Miami, Florida 33173
/D	Barbara Santana	7616 NW 30 Avenue	Miami, Florida 33144

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:

*C. Wilson*

Clarence Wilson

*6/3/00*

305-693-7489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)