

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 # **N9500000 5322**

1. Corporation Name

**FAITH MINISTRIES BELGIUM, INCORPORATED**

Principal Place of Business

Mailing Address

**853 Brookson Ave., NW  
Palm Bay, FL 32907**

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

**P.O. Box 61678**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Palm Bay, FL**

Zip

Country

Zip

**32906**

Country

**USA**

**REINSTATEMENT 97-98**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/8/95**

5. FEI Number

**59-3375538**

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
1	2	3	4
P/D	SANDRA G. LONEY	853 Brookson Ave., NW	Palm Bay, FL 32907
T/S/D	LORING F. LONEY	853 Brookson Ave., NW	Palm Bay, FL 32907
T	WILFELD LONEY	5645 PINEY Ridge Dr.	Deland, FL 32808.

**000002431970--4**  
-03/10/98--01036--011  
\*\*\*\*297.50 \*\*\*\*297.50

8. Name and Address of Current Registered Agent

**LORING F. LONEY**  
**853 Brookson Ave., NW**  
**Palm Bay, FL 32907**

9. Name and Address of New Registered Agent

Name

**ROY A. PRAVER**

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

**1701 S. Washington Avenue**

Suite, Apt. #, Etc.

City

**Titusville**

State

**FL**

Zip Code

**32780**

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

*[Signature of Roy A. Praver]*

REGISTERED AGENT MUST SIGN

Date **1/23/98**

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)(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:

*[Signature of Sandra G. Loney]*  
**Sandra G. Loney**  
President  
*[Signature of Roy A. Praver]*  
**Roy A. Praver, Registered Agent**

**1/23/98 407-383-3445**

Date Daytime Phone #

CR2E040 (12/96)