

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 17 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9600002840

1. Corporation Name

Restoration Fellowship Center
INC

2. Principal Office Address

1430 NW 47 Ave

Suite, Apt. #, etc.

City & State

Coconut Creek FL

Zip Country

33063 Broward

3. Mailing Office Address

1430 NW 47 Ave

Suite, Apt. #, etc.

City & State

Coconut Creek FL

Zip Country

33063 Broward

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

May 21, 1996

5. FEI Number

65-0754022

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

Worrell Raymond Hylton

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

1430 NW 47 Ave

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33063

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

W Hylton

Date

REGISTERED AGENT MUST SIGN

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
President	Worrell Hylton	1430 NW 47 Ave	Coconut Creek FL 33063
VP	Loris-Anne Hylton	1430 NW 47 Ave	Coconut Creek FL 33063
Sec. / Treasurer	Wilder Whitaker	6303 (6303) Naugo Terr	Margate FL 33063
Director	Carmen Bryan	2840 Somerset Dr Blk M, Apt 309	Lauderdale Lakes FL 33131
	<u>John A</u>		

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:

W Hylton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 12, 06

Date

Daytime Phone #

RESTORATION FELLOWSHIP CENTER INC.

1430 NW 47 Ave Coconut Creek Fl. 33063

Telephone (954) 793-3130

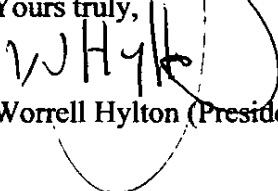
TO WHOM IT MAY CONCERN

This letter serves to inform you that we have not as of this date received our annual renewal form. This may be due to the fact that we have been going through a transitional period and have change previous address.

We request of you to use your high office to wave the penalty fee and enclose is a check, the sum total of our delinquent annual fees.

Thank you

Yours truly,


Worrell Hylton (President)