

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 JUL 20 AM 11:27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000006513**

1. Corporation Name  
**THE SWEET HOME MINISTRIES INCORPORATED**

Principal Place of Business Mailing Address  
 17201 S.W. 103RD AVENUE 17201 S.W. 103RD AVENUE  
 MIAMI FL 33157 MIAMI FL 33157



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

**REINSTATEMENT 07-98**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida 12/20/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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
P	Walter T. Richardson	7993 S.W. 187th Street	Miami, FL 33157
D	Barbara Howard	9456 S.W. 164th Court	Miami, FL 33196
D	Barbara Jordan	2251 N.W. 188th Terrace	Miami, FL 33056
D	Matthew Price	16611 S.W. 104th Avenue	Miami, FL 33157
D	Sam Howard	19755 S.W. 135th Avenue	Miami, FL 33177

20000259816271-9  
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 \*\*\*\*\*297,50 \*\*\*\*\*297,50

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HOWARD, BARBARA A <del>1010 S.W. 106 TERRACE</del> 9456 S.W. 164th Court MIAMI FL <del>33196</del> 33196		Name Street Ad Suite, Ap City State Zip Code FL	

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: *Barbara Howard* Date: July 7, 1998  
 REGISTERED AGENT MUST SIGN

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: *Walter T. Richardson* Walter T. Richardson July 7, 1998 305-251-5753  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE240 (8/97)