

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006466

1. Corporation Name

Grace And Truth Outreach Ministries
Inc.

2. Principal Office Address - No P.O. Box #

749 N.W. 62nd Street

Suite, Apt. #, etc.

3. Mailing Office Address

1220 Peri Street

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33051

Country

USA

City & State

Opalocka Florida

Zip

33054

Country

USA

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1997

5. FEI Number

650796198

☒ 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 Ronald Johnson

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

1220 Peri Street

Suite, Apt. #, Etc.

City

Opalocka FL

State

FL

Zip Code

33054

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

Ronald Johnson

REGISTERED AGENT MUST SIGN

Date 07/23/2007

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
PD	Ronald Johnson	1220 Peri Street	Opalocka FL 33054
S	Polly Johnson	1220 Peri Street	Opalocka FL 33054
T	Cynthia Jackson	2030 N.W. 204 th St.	Mia. Gardens 33056
S	Alfreda James/Eve	2102 N.W. 57 th St.	Miami FL 33142
T	Kevin P. Long	1550 N.W. 55 th Terr.	Miami FL 33142
700107539147 09/09/07-01/03/07 **428.75			

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:

Ronald Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/2007 (305) 297-7041

Date

Daytime Phone #