

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000004393

1. Corporation Name

Convicts For Christ, Inc.

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

3651 N.W. 2<sup>nd</sup> St.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33311

Country

U.S.A.

3. Mailing Office Address

3651 N.W. 2<sup>nd</sup> St.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

Zip

33311

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Earl J. Lloyd

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

3651 N.W. 2<sup>nd</sup> St.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33311

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

Earl J. Lloyd

REGISTERED AGENT MUST SIGN

Date 6/10/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles     | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|------------|--------------------------------------|---|--------------------------|
| Secy/Treas | Edith Williams                       | 3125 Oakland Shores Dr                            | Oakland Park, FL 33309   |
| VP         | Ken Bodine                           | 555 NW 45 Ct.                                     | Oakland Park, FL 33309   |
| Pres.      | Earl J. Lloyd                        | 3651 NW 2 <sup>nd</sup> St.                       | Ft. Lauderdale, FL 33311 |
|            |                                      |   |                          |
|            |                                      |   |                          |
|            |                                      |   |                          |

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Earl J. Lloyd

EARL J. LLOYD

6/10/2010

954-931-3292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JUN 14 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08-10

REINSTATEMENT

100182063741  
06/14/10--01061--020 \*\*358.75

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

7/28/1998

5. FEI Number

65-0858620

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

100182063741  
06/14/10--01061--021 \*\*8.75

M. MILLIGAN  
EXAMINER

JUN 16 2010