

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

DOCUMENT # N99000001673

1. Corporation Name

SHADDAI MINISTRY, INC.

Principal Place of Business

2616 PEEL AVE
ORLANDO FL 32806

Mailing Address

2616 PEEL AVE
ORLANDO FL 32806



REINSTATEMENT

01

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEJ Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

DUUU04794821--0

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
PD	CRUZ, RAFAEL	2616 PEEL AVE	ORLANDO FL 32806
SD	VELAZQUEZ, LUZ D	4508 TODD AVE	ORLANDO FL 32822
TD	VELAZQUEZ, CALIXTO	4508 TODD AVE	ORLANDO FL 32822
D	ALLEN, DAVID A	1710 CONWAY GARDEN RD	ORLANDO FL 32806
D	RAMOS, ILIANA	2616 PEEL AVE	ORLANDO FL 32806

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRUZ, RAFAEL
2616 PEEL AVE
ORLANDO FL 32806

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

AD

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

Rafael Cruz
REGISTERED AGENT MUST SIGN

Date

12/20/01

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 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:

Rafael Cruz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/20/01

CR2E040 (8/01)