

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

18192

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N99000002328**

1. Corporation Name  
**ANointed CHRISTIAN FAITH CENTER INTERNATIONAL INC.**

Principal Place of Business Mailing Address  
**27032 SOUTH DIXIE HIGHWAY NARANJA FL**

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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc. **16325 S.W. 288th ST**  
City & State **Homestead, FL**  
Zip **33033** Country **Dade**

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc. **16325 S.W. 288th ST**  
City & State **Homestead, FL 33033**  
Zip **33033** Country **Dade**

FILED  
00 OCT 25 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/19/00 90004047 #61.25

4. Date Incorporated or Qualified To Do Business in Florida **04/09/1999**

5. FEI Number **65-0891955** Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Floyd L Moore	14541 S.W. 296th ST	Leisure City, FL 33033
D	Claudia E. Moore	14541 S.W. 296th ST	Leisure City, FL 33033
D	Roy Harris	P.O. Box 90-1451	Homestead FL 33093

8. Name and Address of Current Registered Agent  
**MOORE, FLOYD L PASTOR**  
**14541 SW 296TH ST.**  
**MIAMI FL 33033**

9. Name and Address of New Registered Agent  
Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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 *Pastor Floyd L Moore* **SIGNATURE REQUIRED** Date **11-11-00**

REGISTERED AGENT MUST SIGN

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: *Pastor Floyd L Moore* **SIGNATURE REQUIRED** **Pastor Floyd Moore** 11-11-00 (305) 247-2301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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14541 S.W. 296<sup>th</sup> Street  
Leisure City Fl. 33033  
October 23, 00

To Whome it may Concern  
The purpose of writing this letter is to ask  
you will you please waive the late charge  
And reinstate our Corporation status.

Because they sent the paper to the wrong  
Address at the first time. And i call  
them about the paper and they sent  
them out to me the first address they  
sent the paper to were at 270328. Dixie  
H.W. Naranja. And the last address  
They sent the application to were the  
Right address and it was. 14541 S.W.  
296<sup>th</sup> St Leisure City Fl. 33033.

And i sent you all the check right  
Away with was cash in the amount of  
\$61.25 it were not my fault that the paper  
were sent to the wrong address and i  
Recieve the application late

But this is the right address. Thank  
you so much please let me here from you

Bishop Lloyd L. Moore  
Thank you Claudia Moore