

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 24 PM 3:58

DOCUMENT # N99000002791

1. Corporation Name

Unity of The Faith Tabernacle INC

2. Principal Office Address

441 South State Rd 7

Suite, Apt. #, etc.

174 18

City & State

MARGATE FL

Zip

33008

Country

USA

3. Mailing Office Address

4431 N.W. 31 AVE

Suite, Apt. #, etc.

211

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

19 May 99 **SP**

5. FEI Number

65-0924325

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

FARUQ H. Malik-Shabazz

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

19231 N.W. 5 PL

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33167

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

Faruq H. Malik-Shabazz

REGISTERED AGENT MUST SIGN

Date OCT 15 2001

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
Pres	John Jenkins Sr	19905 W. LAKE Dr.	Miami, FL 33015
V-Pres	Wilbert Thomas Sr	2309 N.W. 15 Ct	Ft. Lauderdale, FL 33311
Treas.	Roser Simsha	4558 NW 90 Ave	SUNRAVE, FL 33351
Co-Chair	Obajah Troupe	2301 N.W. 27 Ter.	Ft. Lauderdale, FL 33311
Admin	Faruq Malik-Shabazz	19231 N.W. 5 PL	Miami, FL 33167
Sec	TA'Ami Basamoua	2715 NW 31 Ave	OAKLAND PARK, FL 33319

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 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:

John W Jenkins Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 OCT 01 (954) 971-6183

Date

Daytime Phone #