PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 26 PM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003439

1. Corporation Name

TRUE FAITH OUTREACH DEVELOPMENT

REINSTATEMENT 06-03

2. Principal Office Address	**3.** Mailing Office Address
1630 N.W. 2ND AVENUE	1630 N.W. 2ND AVENUE
Suite, Apt. #, etc.: NONE	Suite, Apt. #, etc.: NONE
City & State: POMPANO BEACH, FL	City & State: POMPANO BEACH, FL
Zip: 33060 Country: USA	Zip: 33060 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/01/1999

5. FEI Number ☐ 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: NATHANIEL MOTON

Street Address (P.O. Box Number is Not Acceptable): 1630 N.W. 2ND AVE

200021140052
06/25/03--01091--004 **420.00

Suite, Apt. #, Etc.: NONE

City: POMPANO BEACH State: FL Zip Code: 33060

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: Nathaniel Moton Date: 6/6/03
REGISTERED AGENT MUST SIGN

CR2E091 (10/02)

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
P	MOTON, NATHANIEL	1630 N.W. 2ND AVE.	POMPANO BEACH, FL 33060
S	JAMES, DELORIS	2720 NW 9TH COURT	POMPANO BEACH, FL 33069
T	PARRISH, WALTER	2724 N.W. 2ND STREET	POMPANO BEACH, FL 33069

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: Deloris James DELORIS JAMES 6/6/03 954-972-3647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 6/26