

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
DIVISION OF CORPORATIONS

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DOCUMENT # N99 000005954

1. Corporation Name

FRIENDS OF Family of Jesus HEALER, INC.

2. Principal Office Address

2214 E. 9th AVE.
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 231
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

ODESSA, FL

Zip

33605

Country

USA

Zip

33556

Country

USA

REINSTATEMENT *00*

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

10-4-99

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Michael W. Fuller

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

19506 Pine Tree Road

Suite, Apt. #, Etc.

City

ODESSA

State

FL

Zip Code

33556

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

Michael W. Fuller

Date *11-21-00*

REGISTERED AGENT MUST SIGN

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
D	REV. FR. Philip SCOTT	2214 E 9 th Av.	Tampa, FL 33605
D	Christopher G. Bowers	2523 SUNSET DR.	Tampa, FL 33629
D	ALFONSO, Carlos Jr.	1705 N 16 th ST.	Tampa, FL 33607
D	Michael W. Fuller	2701 W. Busch Blvd.	Tampa, FL 33618
D	HERNAN LION	4121 N. Armenia	Tampa, FL 33607

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:

Michael W. Fuller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-00
Date

813926-0775
Daytime Phone #

CR2E081 (9/99)