

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**00702UBR**

**FILED**  
**May 03, 2002 8:00**  
**Secretary of State**

DOCUMENT # N99000006061

1. Corporation Name

Faith Evangelistic Center of Hollywood, Inc.

740200007460

2. Principal Office Address

2328 Dixie hwy (north)

3. Mailing Office Address

500 S. Crescent dr.

Suite, Apt. #, etc.

Apt 109

Suite, Apt. #, etc.

Apt 109

City & State

Hollywood, Fla 3

City & State

Hollywood, Fla

Zip

33020

Country

USA

Zip

33021

Country

USA

300005509809--0  
-05/14/02--01060--020  
\*\*\*\*192.50 \*\*\*\*192.50

4. Date Incorporated or Qualified To Do Business in Florida

10-13-99

5. FEI Number 65-0971768

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

Glory Carlos

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

500 S. Crescent dr

Suite, Apt. #, Etc.

Apt 109

City

Hollywood

State  
FL

Zip Code  
33021

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

Glory Carlos

Date

02 18 02

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
Vice-President	Willie C. Kellom	6520 S.W. 62nd Court	Mid-Fla. 33142
Secretary	Marisse McCray	17320 N.W. 32nd Ave	Mid-Fla. 33056
Financial Consultant	Daisy Jones	3011 N.W. 183rd St	Mid-Fla. 33056

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:

Glory Carlos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

021802

Date

(954) 894-3917

Daytime Phone #

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 18, 2002

FAITH EVANGELISTIC CENTER OF HOLLYWOOD, INC.  
500 S. CRESCENT DR.  
APT. 109  
HOLLYWOOD, FL 33020

SUBJECT: FAITH EVANGELISTIC CENTER OF HOLLYWOOD, INC.  
Ref. Number: N99000006061

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 402A00016192