

State Copy

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

01 OCT 10 PM 12:15

DOCUMENT # N99000006172

**1. Corporation Name**

Almighty Ministries, Inc

**2. Principal Office Address**

555 NE 15th St.

Suite, Apt. #, etc.

7th Floor

City & State

Miami FL

Zip

33132

Country

USA

**3. Mailing Office Address**

555 NE 15th St

Suite, Apt. #, etc.

7th Floor

City & State

Miami, FL

Zip

33132

Country

USA

**REINSTATEMENT**

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

Oct 19, 1999

**5. FEI Number**

65-0959728

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

Marcello Caridi

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

555 N.E. 15th St.

Suite, Apt. #, Etc.

7th Floor

City

Miami

State

FL

Zip Code

33132

000004651920-3

10/24/01-01041-020

\*\*\*\*297.50 \*\*\*\*297.50

**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

[Signature]

Date 8-22-2001

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
PD	<u>Caridi, Marcello</u>	<u>555 N.E. 15th St. 7th Floor</u>	<u>Miami, FL 33132</u>
UD	<u>Thompson, Billy</u>	<u>18812 N.W. 53rd Ave</u>	<u>Miami, FL 33055</u>
TD	<u>Lacho, Lubomir</u>	<u>3500 N.E. 5th Ave</u>	<u>Pompano Beach FL 33064</u>
			<b>AD</b>

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcello P. Caridi

Date

8-22-01

Daytime Phone #

305 571-3555

CR2E081 (9/99)