

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 DEC -4 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006819

1. Corporation Name

CHRISTIAN RESTORATION MINISTRIES
INTERNATIONAL INC.

12-5-07
100112804671
12/04/07--01011--008 **183.75

2. Principal Office Address - No P.O. Box #

19255 NE 3RD AVE.
MIAMI FL 33179

Suite, Apt. #, etc.

3. Mailing Office Address

19255 NE 3RD AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33179

Country

U.S.A

Zip

33179

Country

U.S.A

7. Name and Address of Current Registered Agent

Name

KINGSLEY A. ANTWI

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

16146 NW 14TH CT

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

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]
REGISTERED AGENT MUST SIGN

Date 11/28/07

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
<u>PD</u>	<u>EMMANUEL EYIM-DANQUAH</u>	<u>2761 SW 85 AVE</u>	<u>MIRAMAR FL 33025</u>
<u>STD</u>	<u>CHARLOTTE EYIM-DANQUAH</u>	<u>2761 SW 85 AVE</u>	<u>MIRAMAR FL 33025</u>
<u>STD</u>	<u>ALFRED ADDO-MENSAH</u>	<u>3420 FoxCROFT RD #202</u>	<u>MIRAMAR FL 33025</u>

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/07

Date

954 655 7156

Daytime Phone #

CR2E081 (1/07)
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

NOV. 19, 1999

5. FEI Number

65-0965648

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.