122

LEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	<u>-</u>							-				
	RPORATION			٤	Secretar	TMENT OF y of State ORPORATIONS			SECRETARY ISION OF CO OH MAR -5	OF STATE		
DOCUMENT # POOOOOO 31229 1. Corporation Name											•	
Families of Faith Christian Academy,												
2. Principal Office Address				3. Malling Office Address				REINSTATEMENT 01-00				
1248 George Tenkin's Blud. Sulte, Apr. #, etc.				1248 George Jenkins Blud. Suite, Apr. #, etc.								
Building A				Building A				4. Date incorporated or Qualified To Do Business in Florida 3(23)2000				
City & State				City & State				5. FEI Number Applied For				
Lake Zip	land	Country	<del></del>	Lakel	av 9	Country		59-362	3695		Not Appl	
33 FJ	5	POIK		3381	5.	POIR		G. CERTIFICATI	E OF STATUS DESIREE		Additional Fee ri Certificate of S	
7. Name and Address of Current Registered Agent												
Name  Tames E. Lawson  Street Address (P.O. Box Number is Not Acceptable)  3405 Little Oak St.  Sulte, Apr. #, Etc.												
:	City	رزده	·						State Zip Co	de 594		
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  REGISTERED AGENT MUST SIGN												
Signature of Registered Agent Date 3-2-04												12E081
REGISTERED AGENT MUST SIGN												
9. Names and Street Addresses of Each Officer and/or Director (Florida r								<del></del>		····		
Titles	Officers and/or Directors			Street Address of Eac Officer and/or Directo				City / State / ZIp				
P	Jam	es I	E. Lau	2500	340	5 Little	د ٥ما	< st.	Valric	OFL	335	94
Λ	Ruth	A.	Law	200	3405	1,441	e Oak	<u>st.</u>	Valrico	FL	3350	14
5	Donal	<u>7</u>	Laws	<u> </u>	915	Sither	and C	ircle	Valrico	(F)	<u> 3359</u>	4
	I				r		<u></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 filling 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 118.07(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:  3-2-64  86.3-686-77.55												
Ī	Sit	GNADURE A	ND TYPED OR PR	NAME OF	SIGNING OF	FICER OR DIRECT	FOR		Date	Daytime	Phone #	

## Families of Faith

## **Christian Academy**

II Corinthians 1:24 "Not for that we have dominion over your faith, but are helpers of your joy; for by faith we stand."

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

March 2, 2004

RE: Reinstatement waiver request

To whom it may concern:

We are requesting the reinstatement of our corporation status based on the fact that we never received our original paperwork. Due to circumstances beyond our control, we were not allowed to occupy the leased office space that was on the original incorporation paperwork, and the lessor discarded our mail.

Thank you for your consideration.

James E. Lawson

President

Families of Faith Christian Academy