

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 22 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014039

1. Corporation Name

FAITH TEXTURING, INC.

Principal Place of Business

RT 1, BOX 618-K
SANDERSON FL 32087

Mailing Address

10101 CR 120
RT 1, BOX 618-K
SANDERSON FL 32087

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

210 CATHOON RD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/2001

5. FEI Number

59-3705788

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	POTURICH, NICHOLAS J	RT 1, BOX 618-K 10101 CR 120	SANDERSON FL 32087
VP	GRIFFIS, FRANK O	771 GRIFFIN COURT NO LONGER U.P.	MACCLENNY FL 32063

900009173529
11/22/02--01074--006 **150.00

8. Name and Address of Current Registered Agent

POTURICH, NICHOLAS J
RT 1, BOX 618-K
SANDERSON FL 32087

9. Name and Address of New Registered Agent

Name

Nicholas J. Poturich

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

10101 CR 120

Suite, Apt. #, Etc.

SANDERSON FL 32087

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-19-02

11. 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

Nicholas J. Poturich 11-19-02

Date

Daytime Phone #

CR2E040 (8/02)

To Whom it may concern,

We received a notice of revocation in the mail recently. We thought our accountant had been handling this matter for us. When we called them, they said we were to fill out this application & send a \$150.00. I'm sorry this has gotten by us but we will take care of this promptly from now on. Please accept our ~~foran~~ ^{apologies} this time. If we didn't do something right, please let us know.

Thank you
Sally Leffwing
N. J. Poturak