

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000123903

1. Corporation Name

H. F. Ministries & Traffic School, Inc.

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

1152 Southport Court

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, Florida

City & State

Zip

33414

Country

Palm Beach

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/2004

5. FEI Number

☒ 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

Henry Fuse

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

1152 Southport Court

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

☒ 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.

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

Date 06/19/07

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
CD	Jessie Fuse	1152 Southport Court	Wellington, Florida 33414
D	Henry Fuse III	3000 Presidential Way	West Palm Beach, Florida 33401
D	Sophia Wilson-McDaniels	760 S.E. 2nd Street	Belle Glade, Florida 33430
D	Willie Mason	804 South J Street	Lake Worth, Florida 33461

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06/22/07--01049--014 \*\*1050.00

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

Henry Fuse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/19/07

Date

561-723-2377

Daytime Phone #