

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 OCT 24 PM 4:42

FILED
TALLAHASSEE, FLORIDA

DOCUMENT # P06000122884

1. Corporation Name

God & One Man, Inc

10-24

300137250953
10/24/08--01026--008 **300.00

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

4190 SW 18 ST

Suite, Apt. #, etc.

3. Mailing Office Address

4190 SW 18 ST

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33317

Country

USA

Zip

33317

Country

USA

REINSTATEMENT 07.08

4. Date Incorporated or Qualified

To Do Business in Florida 09/29/06

5. FEI Number

20-5608534

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

Ruben Fuentes

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

4190 SW 18 ST

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33317

☒ 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 10/14/08

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	Ruben Fuentes	4190 SW 18 ST	Fort Lauderdale, FL 33317
V	Javier Aleman	4190 SW 18 ST	Fort Lauderdale, FL 33317
S	Isaac Carraza	4190 SW 18 ST	Fort Lauderdale, FL 33317

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/08

Date

Daytime Phone #