2008 FOR PROFIT CORPORATION REINSTATEMENT

08 NOV 19 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000065296

1. Entity Name
THE FAITH CORNER, INC.

Principal Place of Business	Mailing Address
4242 NW 2 ST APR 1614 MIAMI, FL 33126	4242 NW 2 ST APR 1614 MIAMI, FL 33126

11152008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0318543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOYOS RESTREPO, CARLOS MARIO 4242 NW 2 ST APR 1614 MIAMI, FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOYOS RESTREPO, CARLOS MARIO 4242 NW 2 ST - APT 1614 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000138085140 11/19/08--01031--010 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOYOS RESTREPO, CARLOS MARIO 4242 NW 2 ST - APT 1614 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

11/15/08 3058988622

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