

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 11 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000087285**

1. Corporation Name

Spirit Filled Investment Corporation, Inc.

Principal Place of Business

Mailing Address

**9160 N.W. 32nd Court Road
MIAMI, FL 33147**

REINSTATEMENT

97-98

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11-27-95	
City & State		City & State		5. FEI Number	
Zip		Country		65-0619908	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Richard Bernard	9160 N.W. 32nd Court Road	Miami, FL 33147
VP/D	Albert Daniels, Jr.	17627 N.W. 66th Court	Miami, FL 33015
T/D	Gene Samuels	20443 N.W. 28th Court	Miami, FL 33055
S/D	David James	1009 N.W. 2nd Avenue	Hallandale, FL 33009
D	Albert Browne	17501 N.W. 42nd Avenue	Miami, FL 33055
D	James Mahone	1681 N.W. 189th Terrace	Miami, FL 33167
D	Dana Ferguson	8990 N.W. 188th Street	Miami, FL 33018

8. Name and Address of Current Registered Agent

**Jesse J. McCrary, Jr., Esquire
2800 Biscayne Blvd.
9th Floor
Miami, FL 33137**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State / Zip Code
	FL

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **12/3/98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Richard Bernard - President 12/3/98 (305) 836-0938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (12/96)