

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 23 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000087285**

1. Corporation Name

**SPIRIT FILLED INVESTMENT CORPORATION, INC.**

Principal Place of Business

9160 N.W. 32ND COURT ROAD  
MIAMI FL 33147

Mailing Address

9160 N.W. 32ND COURT ROAD  
MIAMI FL 33147

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/1995

5. FEI Number

65-0619908

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
BM	BROWNE, ALBERT	17501 N.W. 42ND AVE.	MIAMI FL 33055
VP	DANIELS, ALBERT JR	17619 NW 66 CT.	MIAMI FL 33015
TD	SAMUELS, GENE	7170 SW 8TH STREET	PEMBROKE PINES FL 33023
BM	FERGUSON, DANA	8990 NW 188TH STREET	HIALEAH FL 33018
PD	BERNARD, RICHARD	9160 NW 32 CT AVE	MIAMI FL 33147
SD	JAMES, DAVID	14611 SW 37TH ST	MIRAMAR FL 33027

8. Name and Address of Current Registered Agent

MCCRARY, JESSE J JR.ESQ  
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  
**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

*Jesse McCrary Jr.*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

5/16/03

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:

*Richard Bernard*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/03