

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -5 AM 11:39

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

900091536119
03/07/07--01015--005 **600.00

REINSTATEMENT 04-07
CR2E081 (1/07)

DOCUMENT # **P96000003727**

1. Corporation Name

HAVE FAITH WILL TRAVEL, INC.

W02000009225

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

1316 Clearglades Dr

Suite, Apt. #, etc.

1316 Clearglades Dr

City & State

Wesley Chapel FL

Zip

33543

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

113725846

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

FAITH JOHNSON

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

1316 Clearglades Dr

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33543

☒ 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

Faith Johnson

REGISTERED AGENT MUST SIGN

Date **3/1/07**

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
President	FAITH JOHNSON	Same	
VP	DWAYNE JOHNSON	2614 E YUKON ST TAMPA FL 33604	

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:

Faith Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07 813 230-9072

Date

Daytime Phone #

To:
Florida Dept. of State

Please waive extra fees, as
never received mailings.

\$ 600 - new check
\$ 750 enclosed

11-3725844

Document # P96000003727

Thank you

Faith Johnson
3/1/07