

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT #

P96000003727

1. Corporation Name

HAVE FAITH WILL TRAVEL, INC.

Principal Place of Business

1316 CLEARGLADES DR.  
WESLEY CHAPEL FL 33549

Mailing Address

1316 CLEARGLADES DR.  
WESLEY CHAPEL FL 33549

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

01/11/1996

5. FEI Number

59-1562976

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
D	JOHNSON, FAITH	1316 CLEARGLADES DR.	WESLEY CHAPEL FL 33543

8. Name and Address of Current Registered Agent

JOHNSON, FAITH  
1316 CLEARGLADES DR  
WESLEY CHAPEL FL 33543

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

CR2E040 (8/02)

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

*Signature of Faith Johnson*  
REGISTERED AGENT MUST SIGN

Date

10/8/02

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:

*Signature of Faith Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/02 813 933-7953

Daytime Phone #

page 2 of 2

NOVEMBER 22, 2002

P96000003727

Florida Department of State  
Division of Corporation  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

Today, I spoke to a woman in the Reinstatement Section and explained to her that I never received the first nor second notice for the Corporation Annual Report/ Uniform Business Report form for the year 2002. The corporation name is 'Have Faith Will Travel, Inc.' and the document number is 'P96000003727'. However, I had already sent in a check for \$600.00 in error. The woman informed me that I should have sent them a letter informing them of this situation and requested that the reinstatement fee be waved. In addition, she said that since I had recently sent in the check on November 8th to send in this letter explaining this situation and request a refund of \$450.00.

Regards,

  
Faith Johnson