APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR -9 AM 11: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000043398

1. Corporation Name

Faithful, Inc.

Principal Place of Business
197 Durango rd. #2A Destin, Fl 32541

Mailing Address
P.O. Box 925 Destin, Fl 32540

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
	P.D. Box 925	MAY 96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3392856 Applied For
City & State	City & State DESTIN Fl	Not Applicable
Zip Country	Zip 32540 Country	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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Raymond Clinton SR.	208 Elizabeth Ln.	Dallas, N.C. 28034
Vice pres.	Mickey Childers	197 Durango rd. 2A	Destin Fl 32541
Vice pres.	Kristin Childers	197 Durango rd 2A	Destin Fl 32541
Sec/Tres	Patricia Clinton	208 Elizabeth Ln.	Dallas, NC 28034

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--04/10/98--01103--014
****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Kristin Childers 197 Durango rd # 2A Destin Fl 32541	Name Kristin Childers Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

CR2E040 (12/96)

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 _____ Date 3-31-98

REGISTERED AGENT MUST SIGN

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: _____ — Kristin Childers — 3/31/98 850- 837-1743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #