

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000027952

1. Corporation Name

SOUL TO SOUL, INC.

Principal Place of Business

**672 NW 62ND STREET
MIAMI FL 33150**

Mailing Address

**672 NW 62ND STREET
MIAMI FL 33150**

If above addresses are incorrect in any way, line through incorrect information and enter correct in 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

03/24/1997

5. FEI Number

65-0736783

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CHRISTIAN, CAMERON	6929 NW 5TH AVE	MIAMI FL 33150
V	BLASSINGAME, EMERY	6929 NW 5TH AVENUE	MIAMI FL 33150
S	CHRISTIAN, JARON C <i>Delete</i>	6929 NW 5TH AVENUE	MIAMI FL 33150 <i>Delete</i>
T	BLASSINGAME, NICHOLE <i>Delete</i>	6929 NW 5TH AVENUE	MIAMI FL 33150 <i>Delete</i>
T	Brooks, Vince	1171 N W 90 th ST.	Miami, FL 33150
S	White, Melanie	420 NW 202 Terrace	Miami, FL 33169

8. Name and Address of Current Registered Agent

**CHRISTIAN, CAMERON
6929 NW 5TH AVENUE
MIAMI FL 33150**

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

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ Cameron S Christian

Date

Typed Name



REINSTATEMENT 98-9900

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (9/98)