

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 20 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000042206

FRUIT OF THE SPIRIT, INC.

1. Corporation Name

451 SW 12TH AVE
451 SW 12TH AVE

2. Principal Office Address

451 SW 12TH AVE

3. Mailing Office Address

451 SW 12TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

Pompano Beach, FL

Zip

33069

Country

BROWARD

Zip

33069

Country

BROWARD

4. Date incorporated or Qualified
To Do Business In Florida 1997

5. FEI Number
65-0777473

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

03-22-04 90071 020 \$200.00

7. Name and Address of Current Registered Agent

Name

PEDRO SARIA (954) 455-0701

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

600 WEST HALLANDALE BEACH BLV

Suite, Apt. #, Etc.

City

HALLENDALE BEACH

State

FL

Zip Code

33009

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

Date 8/17/04

REGISTERED AGENT MUST SIGN

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
P/T	MARC R. FEINBERG	1171 S. SEA COURT	WELLINGTON, FL 33467
V/S	DONNA FEINBERG	1171 S. SEA COURT	WELLINGTON, FL 33467

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 under section 119.07(3)(b), 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

08/17/04

Date

(954) 984-2737

Daytime Phone #

CR2E001 (01/04)

FRUIT OF THE SPIRIT

451 S.W. 12th Avenue, Pompano Beach, FL 33069
Phone (954) 786-9262, (954) 984-2737 - Fax (954) 786-6064

August 18, 2004

Division of Corporations
Tyrone Scott
Document specialist
P.O. Box 6327
Tallahassee, FL 32314

Re: FRUIT OF THE SPIRIT INC. P97000042206

DEAR TYRONE SCOTT:

Please find attached the annual business report for **FRUIT OF THE SPIRIT INC.** with all the necessary corrections.

I also would like to authorized you to a plaid to \$600.00 reinstatement fee and \$8.75 certificate of status fee to **FRUIT OF THE SPIRIT INC.** from the \$900.00 payment that was made on Mach 22, 2004, to reinstate the corporation **GALITIANS 5:22, INC.** document P02000127866 because we have decide d not to reactivate this corporation.

Please be advised that the check for the reimbursement of \$291.25 that was over paid must be mailed to the following address:

451 SW 12TH AVENUE
POMPANO BEACH, 33069

If you have any questions or concerns, please do not hesitate to contact me at (954) 984-2737.

Sincerely,

Marc R. Feinberg
President

451 S.W. 12th Avenue, Pompano Beach, FL 33069
Phone (954) 786-9262, (954) 984-2737 - Fax (954) 786-6064