

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR -7 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056501

1. Corporation Name

EQUALLY YOKED OF South FLORIDA, Inc.

2. Principal Office Address

9703 SOUTH DIXIE HWY

Suite, Apt. #, etc.

SUITE 8

City & State

MIAMI FLORIDA

Zip

33156

Country

USA

3. Mailing Office Address

9703 SOUTH DIXIE HWY

Suite, Apt. #, etc.

SUITE 8

City & State

MIAMI, FL

Zip

33156

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1997

5. FEI Number

65-0801530

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

EDWARD R. RAMIREZ

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

9703 SOUTH DIXIE HWY

Suite, Apt. #, Etc.

SUITE 8

City

MIAMI, FLORIDA

State

FL

Zip Code

33156

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

REGISTERED AGENT MUST SIGN

Date 2-12-01

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
D	EDWARD R. RAMIREZ	9703 SOUTH DIXIE HWY SUITE 8	MIAMI, FLORIDA 33156
			99-01 4BR

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)(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

Date

2-12-01

Daytime Phone #

305-261-5733

CR2E081 (9/00)

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9703 S. Dixie Hwy, Suite 8
Miami, FL 33156
305.665.5994 Telephone
305.665.7994 Fax

Equally Yoked

February 21, 2001

Divisions of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Recently I spoke with an employee of the Divisions of Corporations about our corporation status. We had moved our business and amongst the transition we lost touch with our corporation papers, subsequently the corporation was dissolved. He explained to me there was a one-time waiver of fees, and I am requesting this now. He told me to write a letter and explain our situation, as well he told me to include a check for \$300.00 dollars. I thank you for your time and consideration.

Sincerely,


Polly J. Ramirez