

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 JAN 28 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P98000047934

1. Corporation Name

FAITH ENTERPRISES, INC.

REINSTATEMENT

99-04

100027655911

01/27/04--01019--029 **1508.75

2. Principal Office Address

2503 SUNSET DRIVE, N.E.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

Zip

33881

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/26/98

5. FEI Number

59-3527087

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

FRANCES FLOWERS LEE

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

2503 SUNSET DRIVE, N.E.

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881

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

Frances Flowers - Lee

REGISTERED AGENT MUST SIGN

Date

1-18-04

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	FRANCES FLOWERS-LEE	2503 SUNSET DRIVE, N.E.	WINTER HAVEN, FL 33881
VP	CLARENCE LEE	2503 SUNSET DRIVE, N.E.	WINTER HAVEN, FL 33881

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

Frances Flowers - Lee

FRANCES FLOWERS-LEE

Date

1-18-04

863 294-3393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (10/02)