

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 # **V38030**

1. Corporation Name

**FAITH PRODUCTIONS, INC.**

Principal Place of Business

**1212 DUNAD AVE  
OPA LOCKA FL 33054**

Mailing Address

**1212 DUNAD AVE  
OPA LOCKA FL 33054**

**FILED**  
**96 DEC 26 PM 3:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



**REINSTATEMENT 1996 MWB**

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 <b>05/20/1992</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0353220</b>	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$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
<b>D</b>	<b>DERRICK MILLER</b>	<b>1212 DUNAD AVE</b>	<b>OPA LOCKA FL</b>

**300002046843-9**  
**-01/03/97--01182--005**  
**\*\*\*\*375.00 \*\*\*\*375.00**

8. Name and Address of Current Registered Agent

**STARKE, LEONARDO D.  
3340 McDONALD ST  
MIAMI FL 33133**

9. Name and Address of New Registered Agent

Name

**DERRICK MILLER**

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

**1212 DUNAD AVE**

Suite, Apt. #, Etc.

City

**OPA LOCKA**

State

**FL**

Zip Code

**33054**

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**

Date **12/23/96**

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)(l), 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:

**DERRICK MILLER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/23/96**

Daytime Phone # **305-685-1676**