PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. WISION OF CORPORATIONS

01 NOV -1 PM 2:59

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

. Katherine Harris

CORPORATION

REINSTATEMENT

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DOCUMENT #	P22635			
1. Corporation Name Faith Building M	inistries Onc.			
7				
		DEINS'	TATEMENT OF	
2. Principal Office Address	3. Mailing Office Address		O TO TOWN THE TOWN	
917 Komano Aue Suite, Apt. #, etc.	P.O. BOX 540918 Suite, Apt. #, etc.			
Oute, Apr. #, etc.	Suite, Apr. 11, etc.		orated or Qualified	7
City & State	City & State	5. FEI Numbe	JANUARY 19, 1489	-
Orlando, Fli.	Orlando, Tis	Paa	35-58-1326766 Not Applicable	3
32807-1510 USA	32854.0918 USA	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status	
	7. Name and Address of Current I	Registered Agent	UNE TLEASE	
Name	-+ A 1 · W	101	00004695120+-8	
Street Address (P.O. Box Number	is Not Acceptable)		-11/27/01010500 10	
917 ROMANO Suite, Apt. #, Etc.	Ave.	·	****245.00 <u>**</u> ***245.00	
<u> </u>				
Orhando			State Zip Code FL 32807-1510	
	above named corporation, am familiar with and acce	ept the obligations of section	on 607,0505 or 617,0503, F.S.	(90/6) 1
Signature of Registered Agent Agent	a. clindles		Date 10-28-01	CR2E081
Togodol so rigoria	REGISTERED AGENT MUST SIGN		12 11/22	٥
	and/or Director (Florida nonprofit corporations must		\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-
Titles Name of Officers and/or Direct	street Address Officer and/or		Clty / State / Zip	
Pres. Rev. Constance A.	Lindler 917 Romano	Ave.	Orlando, FI.32807	
VP (D) Rev. Mary ANN	Poblason 5020 W. S	outh Street	Orlando F. 32811	-
Sec. (D) SUSAN CLAMR		D:+D0.	Orlando, FL 32825	
Theasana (D) ALice K. Lind		Ave	Orlando, FL. 32807	
	_			1
Director (D)/Yancheeta Hec.	Kenbach 63 Sweetbriar J	Shanch	Long wood, FL. 32070	-
				4
this reinstatement application, the reason for	eceiver or trustee empowered to execute this applica dissolution has been eliminated, the corporate name	satisfies the requirements	of section 607.0401 or 617.0401, F.S., that all fees	é
	the names of individuals listed on this form do not qu ny signature shall have the same legal effect as if ma		er section 119.07(3)(i), F.S. The information indicated	
DOWNER PO D +	ALL 1/2 PR +	0 1.11	to be a County lamber of	
SIGNATURE: //EU./ons/and	e A. Lindle - Tev Lonste PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	nce un sindle	Date Daytime Phone #	