PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 15 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005553

1. Corporation Name
House of mercy International ministries Inc.

REINSTATEMENT 04-05

CR2E081 (6/05)

2. Principal Office Address	3. Mailing Office Address
8020 N. 56th Street	P.O. Box 291093
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Fl	City & State: Tampa Fl
Zip: 33617 Country: USA	Zip: 33687 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/8/2002

5. FEI Number: 3a-0019010 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Revd. Nancy Glover (President)

Street Address (P.O. Box Number is Not Acceptable): 729 Berry Bramble Drive

Suite, Apt. #, Etc.:

City: Brandon State: FL Zip Code: 33510

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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: Rev Nancy Glover Date: 11/7/05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	Min Sam Glover Jr	729 Berry Bramble Dr	Brandon, Fl 33510
D	Travian William	13029 Tribune Dr.	Riverview, Fl 33569
D	Rev. Evers Robinson	1521 High Grove Way	Orlando, Fl 32818
D/S	Kenneshia William	13029 Tribune Dr	Riverview Fl 33569
D	Beddie Regnier	24130 Landing Dr	Lutz, Fl 33559
D	Dr Gwen King	1309 Louisana	Plant city Fl 33566

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: Rev Nancy Glover 11/7/05 813-541-2075
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #