

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 15 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000010339

1. Corporation Name

Zion House of Prayer, Inc.

W10 — 7340
W09 — 54120

100168548371
02/11/10--01032--015 **426.75

2. Principal Office Address - No P.O. Box #

1606 Doreen Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1606 Doreen Lane

Suite, Apt. #, etc.

City & State

Ocoee, FL

Zip

34761

Country

City & State

Ocoee, FL

Zip

34761

Country

REINSTATEMENT

CR2E081 (11/08)

04-09

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/2003

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee requested
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Russell Borde

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

1606 Doreen Lane

Suite, Apt. #, Etc.

City

Ocoee

State

FL

Zip Code

34761

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

100168548371
03/15/10--01065--009 **10.75

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

RBL

Date 03/11/10

REGISTERED AGENT MUST SIGN

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	Russell Borde	1606 Doreen Lane	Ocoee, FL 34761
VP	Claudia Borde	1606 Doreen Lane	Ocoee, FL 34761
S	Michelle R. Stokes	4504 Oak Arbor Circle	Orlando, FL 32808
T	Lisa Brown	1606 Doreen Lane	Ocoee, FL 34761

XC 3/17

10. E-mail Address: russell991@hotmail.com;

(To be used for future annual report notification)

11. 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. Further certify, 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] Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/09

Date

407-340-4870

Daytime Phone #