

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 27 AM 8: 17

DOCUMENT # N07000011094

1. Corporation Name

Empowering Tabernacle House of Prayer Outreach Ministries of Apostolic Faith, Inc.

WID — 18863

KS

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #
1491 Berry Street

3. Mailing Office Address
PO Box 484

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jennings, FL

City & State
Jennings, FL

Zip Country
32053 US

Zip Country
32053 US

4. Date Incorporated or Qualified
To Do Business in Florida 11/15/2007

5. FEI Number
83-0492902

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
Phillip M Jackson

Street Address (P.O. Box Number is Not Acceptable)
1491 Berry Street

Suite, Apt. #, Etc.

City
Jennings

State Zip Code
FL 32053

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.

500178400705
04/28/10--01034--009 **358.75

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

Phillip M Jackson

REGISTERED AGENT MUST SIGN

Date 04/09/2010

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
Pastor	Phillip M Jackson	PO Box 484	Jennings, FL 32053
Church Mother	Ledia S Jackson	PO Box 484	Jennings, FL 32053
Clerk	Hattie Mae Sealey	PO Box 653	Jasper, FL 32052

10. E-mail Address: KMDCPA@WINDSTREAM.NET

(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. I 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:

Phillip M Jackson

Pastor

04/09/10

386-792-6590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #