

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND  
FILED

01 MAR 19 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **712806**

1. Corporation Name

THE FREE HOUSE OF PRAYER BY FAITH INC.

2. Principal Office Address  
720 Briarwood Terr.  
Davie, FL 33325



Maxine J. Brown  
720 Briarwood Ter.  
Davie, FL 33325

Suite, Apt. #, etc.

720 Briarwood Terra

City & State

Davie FL

City & State

Hollywood FL 33020

Zip

33325

Country

USA

Zip

33020

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5-24-67

5. FEI Number

65-0122-567

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

MAXINE J. BROWN

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

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33325

**REINSTATEMENT**

997-01  
M.W

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

*Maxine J. Brown*

REGISTERED AGENT MUST SIGN

Date

3-13-01

**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	MAXINE J. BROWN	720 BRIARWOOD TERRACE	DAVIE, FL. 33325
D	McARTHUR BROWN	720 BRIARWOOD TERRACE	DAVIE, FL. 33325
D	TANGELA C. BROWN	11079 NW 38 Place	Sunrise FL 33351
D	McArthur Brown II	11079 NW 38 Place	Sunrise FL 33351
			500003892905--0
			03/22/01 01065-034
			****481.00 ****481.00

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:

*Maxine J. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

Date

(954) 424-6084

Daytime Phone #

CR2E081 (9/99)