

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1292

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712806

1. Corporation Name

THE FREE HOUSE OF PRAYER BY FAITH INC.

Principal Place of Business

720 BRIARWOOD TERRACE
DAVIE FL 33325

US

Mailing Address

720 BRIARWOOD TERR
DAVIE FL 33325

US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1967

5. FEI Number

65-0122567

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BROWN, MAXINE J	720 BRIARWOOD TERR	DAVIE FL 33325
D	BROWN, MCARTHUR	720 BRIARWOOD TERRACE	DAVIE FL 33325
D	BROWN, TANGELA C	11079 NW 38TH PLACE	SUNRISE FL 33351
D	BROWN, MCARTHUR II	11079 NW 38TH PLACE	SUNRISE FL 33351

8. Name and Address of Current Registered Agent

BROWN, MAXINE J.
720 BRIARWOOD TERRACE
DAVIE FL 33325

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Nov 1, 2002

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 424-6084

282

November 1, 2002

To Whom It May Concern:

I did not receive your correspondence that was sent on September 13, 2002.

I was under the impression that the Corporation was in good standings.

My check for \$61.25 was at your office and I had documentation that it was received. Please accept

The signed form and restore the corporation.

Thank you,

Maxine J. Brown

A handwritten signature in cursive script that reads "Maxine J. Brown". The signature is fluid and matches the printed name above it.