

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 APR 20 PM 4:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 713078

1. Corporation Name

His Glory Inc

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

1819 Juanita Ct.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip 33764 Country Pinellas

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/18/1967

5. FEI Number

713078392

☐ 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

IRMA LANCASTER

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

1819 Juanita Ct.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33764

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

Irma Lancaster

REGISTERED AGENT MUST SIGN

Date April 16, 2012

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
PD	James W. LANCASTER	1819 Juanita Ct	Clearwater, FL 33764
VD	James W. LANCASTER, Jr	5 Edwards Place	Hammond, LA 70401
SDT	IRMA F. LANCASTER	1819 Juanita Ct	Clearwater, FL 33764

10. E-mail Address: JIMIAMAS2@TAMPABAY.FL.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

Irma F. Lancaster

IRMA LANCASTER

April 16, 2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #