

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:08

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **719478**

1. Corporation Name

**PENTECOSTAL HOUSE OF PRAYER OF SHARPES, INC.**

Principal Place of Business

Mailing Address

605 MOORE DRIVE  
 COCOA FL 32926-5721  
 US

605 MOORE DRIVE  
 COCOA FL 32926-5721  
 US

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



REINSTATEMENT 07

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/08/1970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

71-9478504

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
TD	BERRY, WILLIS	3874 WEAVER STREET	COCOA FL
TSD	LEWIS, MORRIS J	1602 LA MARCHE DR.	COCOA FL
TTD	DANIEL, JAMES	550 RUCKER LN	COCOA FL
TD	BAILEY, CLARENCE D PASTOR	3859 CATALINA DR	COCOA FL
			000023988730 10/21/03--01147--029 **245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAILEY, CLARENCE D.  
 3859 CATALINA DRIVE  
 COCOA FL 32926

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Clarence D. Bailey*  
 REGISTERED AGENT MUST SIGN

Date

10-12-03

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:

*Clarence D. Bailey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-03

Daytime Phone #

CR2E040 (7/03)