

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 28 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **733763**

1. Corporation Name

**THE HOUSE OF PRAYER PENTECOST CHURCH, INC.**

Principal Place of Business

Mailing Address

3902 AVENUE S  
FT PIERCE FL 34947-5645

3902 AVENUE S  
FT PIERCE FL 34947-5645

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 07

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/1975

5. FEI Number

59-1631011

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RICHARDSON, LEOLA	3902 AVE. S.	FT. PIERCE FL
S	WATSON, MABEL	431 N. 20TH ST.	FT. PIERCE FL
T	RICHARDSON, JOE	3902 AVE. S.	FT. PIERCE FL
D	HILLS, BERTHA	1406 N. 22ND ST.	FT. PIERCE FL
D	MCKINLEY, BEATRICE	1509 N. 39TH ST.	FT. PIERCE FL
S	KELLAM, SABRINA L	3902 AVENUE S.	FT. PIERCE FL 34947

8. Name and Address of Current Registered Agent

KELLAM, SABRINA LYLES  
3902 AVENUE S  
FORT PIERCE FL 34947

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Date

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

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)