

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **735904**

1. Corporation Name

**Pentecostal Del. House of Prayer
For All God People Inc.**

2. Principal Office Address

409 Cherokee St.

Suite, Apt. #, etc.

NA

City & State

JAX. FL.

Zip

32254

Country

DUVAL

3. Mailing Office Address

409 Cherokee St.

Suite, Apt. #, etc.

NA

City & State

JAX. FL.

Zip

32254

Country

DUVAL

09/05/03 90110 006 6/28
03/16/04 01085 001 6/25

4. Date Incorporated or Qualified
To Do Business in Florida

5/24/76

5. FEI Number

20-1317033

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

Earlie Mae Mack

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

8547 Howell Dr.

Suite, Apt. #, Etc.

NA

City

JAX.

State

FL

Zip Code

32208

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 X

Earlie Mae Mack

Date

5/3/04

REGISTERED AGENT MUST SIGN

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	Earlie Mae Mack	8547 Howell Dr.	JAX. FL. 32208
LM	MARtha Richardson	2151 Hartbridge St.	JAX. FL. 32208
A.O.	Betty Yorker	8547 Howell Dr.	JAX. FL. 32208
LM	John Yorker	4724 Manbocine	JAX. FL. 32206

REINSTATEMENT 03-04

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: X

Earlie Mae Mack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/3/04 904 765 7831

CR2E081 (10/02)