

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2005 NOV -8 AM 10: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100061080041  
11/08/05--01044--006 \*\*\$1.25

**REINSTATEMENT** 05  
CR2E061 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 5/24/76

5. - FEI Number 20-137033 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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 DUVAH

3. Mailing Office Address  
409 Cherokee st.  
Suite, Apt. #, etc. NA  
City & State JAX, FL  
Zip 32254 Country DUVAH

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

100061080041  
11/01/05--01062--002 \*\*\$15.00

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 Earlie Mae Mack Date 10/29/05  
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 N ARTSIDE ST.	JAX, FL, 32209
A.O.	BETTY YORKER	8547 HOWELL DR.	JAX, FL, 32208
LM.	JOHN YORKER	4724 MARLBORO CIRCLE	JAX, FL, 32208

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: Earlie Mae Mack Date 10/29/05 Daytime Phone # 9047657837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9  
01