

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JUN 22 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 737960

1. Corporation Name

The House Of Prayer Of Ocala Inc.

Principal Place of Business

Mailing Address

The House Of Prayer Of Ocala Inc.

2502 NW 18th Street
Ocala, FL 34475

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

69-1762313

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Evang. G. L. Samuel	603 W. Willingham ST.	Sylvester GA. 31791
Vice	Shawn J. Johnson	200 Mimosas Drive	Palatka, FL 32177
Tre	Patricia O. Danielly	2502 n.w. 18th street	ocala, Florida 34475
Secy	Brenda Cape	1715 Sw. 7th pl	Ocala, Florida 34475
D	David L. Danielly	2502 NW 18th st	Ocala, Florida 34475
D	Winifred Johnson	200 Mimosas Drive	Palatka FL 32177

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Evang. G. L. Samuel

2502 NW 18th Street
Ocala, FL 34475

Name

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

Suite, Apt. #, Etc.

City

200003330047--9

-07/20/00--01077--011

****297.50 ****297.50

State

Zip Code

FL

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.

Signature of
Registered Agent

Evang. G. L. Samuel
REGISTERED AGENT MUST SIGN

Date 4-15-2000

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

exempted

(See other side for information
on intangible tax.)

KE

12. 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:

Evang. G. L. Samuel
Evangelist G L. Samuel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15th (912) 776-2475
Date Daytime Phone #

CR2E040 (1/98)