

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 11 AM 9:40

DOCUMENT # 742619

1. Corporation Name

Grace Memorial House of Prayer for all People, Church on the rock of the Apostolic Faith

2. Principal Office Address

681 N. W. 37 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

681 N. W. 37th Ave.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale Fla.

City & State

Ft. Lauderdale Fla.

Zip
33311

Country
USA

Zip
33311

Country
USA

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 1978

5. FEI Number
59-1824751

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

John Bozeman

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

1722 N. W. Lauderdale Manor Dr.

Suite, Apt. #, Etc.

Fort Lauderdale

State
FL

Zip Code
33311

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

John Bozeman
REGISTERED AGENT MUST SIGN

Date 7-8-06

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
President P.D.	Noble Harris Sr.	1177 N.W. 30th Ave	Fort Lauderdale Fla. 33311
vice president V.D.	Noble Harris 11	681 N. W. 37 Ave.	Fort Lauderdale 33311
Sect. V.D.	Mattie Lane	1031 N. W. 12th Ave.	Fort Lauderdale Fla 33311

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 contained in Chapter 119, 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:

Noble Harris Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 10, 2006

Daytime Phone #

954 608-9379