PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 16 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745238

1. Corporation Name
THE HOLY HOUSE OF PRAYER OF GOULDS, FLORIDA, INC.

REINSTATEMENT 81-04
07-29-04 01042 017 $1,587.50

2. Principal Office Address	3. Mailing Office Address
15445 SW 296 ST	15445 SW 296 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD	City & State: HOMESTEAD
Zip: 33033-2647 Country: USA	Zip: 33033-2647 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/13/1978

5. FEI Number: 59-2319097 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: JUANITA FANK

Street Address (P.O. Box Number is Not Acceptable): 15445 SW 296 ST

Suite, Apt. #, Etc.

City: HOMESTEAD State: FL Zip Code: 33033-2647

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: Juanita Fank Date: 7/20/2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
S,D	CLARENCE OFFICE	911 NW 3 ST	FLORIDA CITY FL 33034-3120
P,D	JUANITA FANK	15445 SW 296 ST	HOMESTEAD FL 33033-2647
D	SONDRA R RAGIN	10129 NW 33 ST	SUNRISE FL 33351

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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: Juanita Fank Juanita Fank 7/20/2004 (305) 247-7438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #