

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000001597**

**1. Corporation Name**

**THE OPEN DOOR CHURCH OF THE LORD  
JESUS CHRIST INCORPORATED DOING BUSINESS  
IN FLORIDA AS HOUSE OF PRAYER OPEN DOOR  
CHURCH OF THE LORD JESUS CHRIST INCORPORATED.**

**2. Principal Office Address**

**1060 HIDEOUT DRIVE**

Suite, Apt. #, etc.

City & State

**MANNING, S.C.**

Zip

**29102**

Country

**U.S.A.**

**3. Mailing Office Address**

**1316 CLEARGLADES DR.**

Suite, Apt. #, etc.

City & State

**WESLEY CHAPEL, FLA.**

Zip

**33543**

Country

**U.S.A.**

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

**3/28/1996**

**5. FEI Number**

**11-244-8012**

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

**FAITH JOHNSON**

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

**1316 CLEARGLADES DRIVE**

Suite, Apt. #, Etc.

City

**WESLEY CHAPEL**

State

**FL**

Zip Code

**33543**

**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

*Faith Johnson*

REGISTERED AGENT MUST SIGN

Date **11/14/02**

**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
D	ROBERT JOHNSON	5 DEVOE PLACE	MASTIC, N.Y. 11950
D	FAITH JOHNSON	1316 CLEARGLADES DR.	WESLEY CHAPEL, FLA 33543
D	DWAYNE JOHNSON	1060 HIDEOUT DRIVE	MANNING, S.C. 29102
D	ANTHONY ROUNTREE	5 DEVOE PLACE	MASTIC, N.Y. 11950

**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:

*Faith Johnson* **FAITH JOHNSON (DIRECTOR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/14/02** <sup>(813)</sup> **933-7953**

Date

Daytime Phone #

CR2E081 (9/01)