

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN -5 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N00000003080*

1. Corporation Name

*Royal Tabernacle House of Prayer
Ministries Inc.*

2. Principal Office Address - No P.O. Box #

5541 Arlington Rd

Suite, Apt. #, etc.

Suite 4

City & State

Jacksonville Florida

Zip

32211

Country

US

3. Mailing Office Address

2016 Evergreen Ave

Suite, Apt. #, etc.

City & State

Jacksonville Florida

Zip

32206

Country

US

7. Name and Address of Current Registered Agent

Name
Bernadette L Gantling

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

2016 Evergreen Ave

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32206

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

Bernadette Gantling

REGISTERED AGENT MUST SIGN

Date

12/28/08

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	<i>Bernadette Gantling</i>	<i>2016 Evergreen Ave</i>	<i>Jacksonville Florida 32206</i>
D	<i>Dorothy Lumpkin</i>	<i>10770 Anders Blvd. #404</i>	<i>Jacksonville Florida 32246</i>
D	<i>Tina Reed</i>	<i>4621 Surry Ave</i>	<i>Jacksonville Florida 32208</i>
D	<i>Carolyn Fuller</i>	<i>342 E. 5th St</i>	<i>Jacksonville Florida 32206</i>

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:

Bernadette Gantling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/08

Daytime Phone #

904 4751837
904 3556642

200139484822
01/05/09--01053--017 **306.25
REINSTATEMENT 02-08

4. Date Incorporated or Qualified
To Do Business in Florida

5/4/2000

5. FEI Number

010673432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.