PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR 24 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000596

1. Corporation Name
GOD'S HOUSE OF PRAYER INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3488 Roche Ave.	4124 Jackson Community Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vernon, FL	City & State: Vernon, FL
Zip: 32462 Country: Washington	Zip: 32462 Country: Washington

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 2001-25-Jan.

5. FEI Number: 59-3695303 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ($6.75 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Ernest Andrews

Street Address (P.O. Box Number is Not Acceptable): 4124 Jackson Community Road

Suite, Apt. #, Etc.:

City: Vernon | State: FL | Zip Code: 32462

000270998290
04/24/15--01010--001 **498.75

000270998290
03/24/15--01036--016 **256.25

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: Ernest Andrews — Date: 03-20-15
REGISTERED AGENT MUST SIGN

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	Ernest Andrews	4124 Jackson Community Rd.	Vernon FL 32462
D	ISAAC Andrews	3134 TWO CREEK BLVD.	Vernon FL 32462
S	Althea Andrews	186 ALICE DRIVE	DeFuniak Springs FL 32435
D	Victoria Andrews	4124 Jackson Community Rd.	Vernon, FL 32462

10. E-mail Address: FAithAndrews11@GMail.Com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Ernest Andrews — 03-20-15 (850)535-21
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #