

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 23 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000007267

1. Corporation Name

PRIESTLY PRAISE MINISTRIES INC.

Principal Place of Business

4345 COOL EMERALD DR.
TALLAHASSEE FL 32303

Mailing Address

4345 COOL EMERALD DR.
TALLAHASSEE FL 32303

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2001

5. FEI Number

59-3744453

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CRAIG, ROBERT E	2440 BASSWOOD LN.	TALLAHASSEE FL 32308
B C	LYONS, LEE A	4345 COOL EMERALD DR.	TALLAHASSEE FL 32303
D	LYONS, PRISCILLA L	4345 COOL EMERALD DR.	TALLAHASSEE FL 32303
ST	ROBINSON, DEBORAH L.	1111 MERCER DR.	TALLAHASSEE FL 32303
D	COLLINS, EMANUEL	315 SKATE DR.	TALLAHASSEE FL 32312
D	GRANTHAM, CLESTINE	2437 LANRELL DR.	TALLAHASSEE FL 32303

8. Name and Address of Current Registered Agent

LYONS, PRISCILLA L
4345 COOL EMERALD DR.
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

Deborah Robinson

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

1111 Mercer Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/02

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., 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee A. Lyons

10/22/02

414-5735

Date

Daytime Phone #

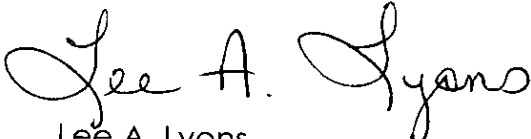
CR2E040 (8/02)

To Whom It May Concern:

This letter is to request that the reinstatement fee be waived due to the fact that this Corporation did not receive the two prior uniform business report (UBR) notices.

Enclosed are the application for reinstatement and a check for the \$61.25 filing fee. Thank you in advance for your favorable consideration concerning this matter.

Sincerely,


Lee A. Lyons