PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 0203

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 23 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007567

1. Corporation Name
Jesus Christ House of Prayer of Holiness INC.

2. Principal Office Address	3. Mailing Office Address
Wilcox Mall Goldwyn Ave	5721 Elon Dr
Suite, Apt. #, etc.: 229	Suite, Apt. #, etc.: None
City & State: Orlando, FL	City & State: Orlando FL
Zip: 32811 Country: Orange	Zip: 32808 Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida: 10-24-2001

5. FEI Number: 59-3744527 ☐ 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: James A. Owens

Street Address (P.O. Box Number is Not Acceptable): 6912 Attucks Ave

Suite, Apt. #, Etc.: None

City: Orlando State: FL Zip Code: 32811

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: _____ Date: 5.19.03

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
President	James Owens	5721 Elon DR	Orlando FL 32808
Vice President	Rosa lee Owens	3843 Seabrook Ave	Orlando, FL 32811
Doorkeeper	ShanTara Owens	5721 Elon Dr	Orlando 32808
ELDER	Mattie Monford	47 Argo St	Orlando 32805

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: _____ 5-19-03 407.532.6381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (10/02)

June 4, 2003

To: The Florida Department of State

The Reason for this letter is that in May of 2003, I send my Annual Report. It Return to me in June of 2002 that I needed to make Corrections to the Report. I made those Corrections and send it back in with a Check of $70.00 the Check was Cashed, and I heard no more from this Department. I Recently went to the bank and found out that my Status was Inactive. This Department was then called, I was told do to this very thing. Please Return me to an Active Status, In @ Closed. is 72.00 For this year Report and Two Report One for last year and One for this year. (The Fee for last was already paid.)

Please call me @
401-532-6381

President James A. Dyer Mead