

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000004994

1. Corporation Name

International House of Elijah Ministries, Inc

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

1451 Lake Shore Ranch Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1451 Lake Shore Ranch Dr.

Suite, Apt. #, etc.

City & State

Seffner, Florida

City & State

Seffner Florida

Zip

33584

Country

Hillsborough

Zip

33584

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2002

5. FEI Number

030465715

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

Diana Alfonso

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

1451 Lake shore Ranch Dr.

Suite, Apt. #, Etc.

City

Seffner

State

FL

Zip Code

33584

☐ 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.

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

Diana Alfonso
REGISTERED AGENT MUST SIGN

Date 12/18/08

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	Diana Alfonso	1451 Lake Shore Dr.	Seffner, Florida, 33584
D	David List	15318 Hutchison	Tampa, Florida 33625
D	Paul Hollis	3457 W. Kenyon Ave.	Tampa, Florida 33614

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:

Diana Alfonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diana Alfonso

Date

12/18/08

Daytime Phone #

(813) 932-5297

FILED

08 DEC 30 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/30/08--01008--019 **490.00

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