

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 DEC -5 PM 4:07

DOCUMENT # N02000005920

1. Corporation Name

HOUSE OF RESTORATION CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

6215 E HILLSBOROUGH AVENUE
TAMPA FL 33610

6215 E HILLSBOROUGH AVENUE
TAMPA FL 33610



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33680-0591 USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/2002

5. FEI Number

59-3696712

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
PASTOR	ARTHUR L. GREEN, JR	3814 E. CAYUGA	TAMPA, FL 33610
DEACON	STANLEY HARRIS	14401 DeLores CT APT A-1	TAMPA, FL 33610
"	ARTHUR L. GREEN SR	2802 SAYBROOK	TAMPA, FL 33610
"	LESTER H. DANIELS	3702 E PARIS	TAMPA, FL 33610
Adm COORDINATOR/ Church Council	FREDERICKA WILLIAMS	3518 E 26TH AVENUE	TAMPA, FL 33605
Church Council	Thelma W. Daniels	3702 E PARIS	TAMPA, FL 33610

8. Name and Address of Current Registered Agent

LOVETT, FOSTER CPA
400 E MLK BLVD #108
TAMPA FL 33603

9. Name and Address of New Registered Agent

Name

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

700024510147

Suite, Apt. #, Etc.

11/07/03-01055-012-236-25

City

State

FL

Zip Code

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

Foster Lovett CPA
REGISTERED AGENT MUST SIGN

Date

12/2/03

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:

Thelma W. Daniels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/03 (813) 228-1582

Daytime Phone #

CR2E040 (7/03)