

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -5 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO2000007505

1. Corporation Name

House of Miracles, Outreach Ministries INC
846 N.W. ALMA AVE
LAKE CITY, FL 32025

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

473 SE Avalon Ave

Suite, Apt. #, etc.

3. Mailing Office Address

473 SE Avalon Ave

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32025

Country

Zip

32025

Country

REINSTATEMENT 09-10

800167363428

01/27/10--01039--017 **306.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

42-167-4458

☒ 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

Benjamin Perry

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

473 S.E. Avalon Ave

Suite, Apt. #, Etc.

City

Lake City,

State

FL

Zip Code

32025

☐ 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

Benjamin Perry

REGISTERED AGENT MUST SIGN

Date

11-10/09

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
pastor	Benjamin Perry	473 SE Avalon Ave	Lake City FL 32025
Deacon	Ian Hunter	443 S.W. Bascom Apt #	Lake City, FL 32025
PRAY Leader	TAKisha ROSS	130 S.W. Cmgge AV	Lake City, FL 32025
YOUTH Leader	Gloria Perry	P.O. Box 266	Lake City, FL 32025
Deaconess	Joanna Fulton	443 S.W. Bascom Apt #	Lake City, FL 32025
Co- pastor	Delores Hunter	443 S.W. Bascom Apt #	Lake City FL 32025

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:

Benjamin Perry Pastor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/09

Daytime Phone #

386-255-4028