PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 MAY 11 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FL

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05/11/21--01006--011 **685.00

CR2E031 (11/10)

DOCUMENT # N02000007505

1. Corporation Name

House of Miracles, Out Reach ministres INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
846 NW Alma Ave	473 SE Avalon Ave
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: lake city	City & State: lake city, Fl
Zip: 32025 Country:	Zip: 32025 Country: columbia

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 42-1674458 ☐ 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): 846 N.W Alma Ave

Suite, Apt. #, Etc:

City: lake city State: FL Zip Code: 32055

REINSTATEMENT
2014 - 2021

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 Date: 5/6/21
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
Pastor	Benjamin Perry 473 SE Avalon Ave	473 SE Avalon Ave	lake city, Fl
Deacon	Benjamin Perry Jr 473 SE Avalon Ave	473 SE Avalon Ave	lake city, Fl
Secretary	Gloria Perry 473 SE Avalon Ave	473 SE Avalon Ave	lake city, Fl
			MAY 10 2021
			M. WILLIAMS

10. E-mail Address: _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Benjamin Perry Benjamin Perry Pastor 5/6/21