

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -1 AM 8:03

SECRETARY OF STATE
BRIAN ABRAHAM, E. FLORIDA

DOCUMENT # **70300005584**

1. Corporation Name

OUR FATHER'S HOUSE INTERNATIONAL MINISTRIES CORP

2. Principal Office Address

9500 SW 153rd AVE

3. Mailing Office Address

PO BOX 1616

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCHER, FL

City & State

LAKE CITY, FL

Zip

32618

Country

USA

Zip

32056-1616

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 30, 2003

5. FEI Number

61-1450019

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

CAJUSTE, MARIE L.

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

3600 CHATELAINE BLVD

Suite, Apt. #, Etc.

City

DELRAY BEACH, FL

State

FL

Zip Code

33445

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

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
CEO	CARTER, VELVA J	213 SW CHOCTAW AVE	FT WHITE, FL 32038
VP	CARTER, JAMES K	213 SW CHOCTAW AVE	FT WHITE, FL 32038
TRES	CARTER, CRYSTAL	213 SW CHOCTAW AVE	FT WHITE, FL 32038
SEC	CARTER, CRYSTAL	213 SW CHOCTAW AVE	FT WHITE, FL 32038

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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:

Velva J Carter

VELVA J. CARTER

11-29-2006

386-497-1738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell DEC - 1 2006

Zofz

11-29-2008

**OUR FATHER'S HOUSE INTERNATIONAL MINISTRIES CORP
9500 SW 153rd AVE
ARCHER FL. 32618**

**CC: VELVA J CARTER
213 SW CHOCTAW AVE
FT WHITE FL 32038**

**TO WHOM IT MAY CONCERN: WE ARE CHANGING THE ADDRESS ON OUR
FATHER'S HOUSE INTERNATIONAL MINISTRIES CORP. WE DID NOT RECIEVE A
POST CARD NOTICE. PLEASE WAIVE THE \$175.00 PENALTY FEE .WE
RECENTLY REOPEN AT THIS NEW ADDRESS OF 2006. THERE WAS A LONG
BREAK.**

THANK YOU KINDLY

**VELVA J. CARTER
HM# 386-497-1738
CELL# 386-853-0140**