

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 15 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Guardian Angels House of Praise Inc.

NO 3000005757

2. Principal Office Address

2322 St Marks Street

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32310

Country

Leon

3. Mailing Office Address

705 Carver Street

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32310

Country

Leon

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida

June 30, 2003

5. FEI Number

N/A

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

Novella Thicklin

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

705 Carver St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

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

Novella Thicklin

REGISTERED AGENT MUST SIGN

Date

10/29/04

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
P/S/D	Novella Thicklin	705 Carver St	Tall, FL 32310
V/T/D	Gayle Frazier	705 Carver St	Tall, FL 32310
C	Marcus Thicklin	705 Carver St	Tall, FL 32310
C	Bryan McKinney	705 Carver St	Tall, FL 32310

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11/01/04-01077-004 **70.00

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 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:

Novella Thicklin & Gayle Frazier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/04

Date

(850) 566-3046

Daytime Phone #

574-2745

CR2E081 (01/04)

2022

To: Florida Department of State

From: Guardian Angels House of Praise Inc.

We did not receive an

Annual Report from you this year.

Thank you

Nonella Thieklin P/S/D

Gayle Frazier V/T/D

Marcus Thieklin - C

Bryan McKinney - C