

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 JAN -3 AM 9:41

NOTY

**REINSTATEMENT 2011**

CR2E081 (11/10)

DOCUMENT # **NO4000002039**

1. Corporation Name  
**Higher Praise Ministries of Lake Wales, INC.**

2. Principal Office Address - No P.O. Box #  
**126 South Wetmore**

3. Mailing Office Address  
**2446 3<sup>rd</sup> ST. NE**

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State  
**Lake Wales, Florida**

City & State  
**Winter Haven, Florida**

Zip  
**33853**

Country  
**POIK**

Zip  
**33881**

Country  
**POIK**

4. Date Incorporated or Qualified To Do Business in Florida  
**Feb. 27, 2004**

5. FEI Number  
**061092919**

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  
**Harold L. Linton**

Street Address (P.O. Box Number is Not Acceptable)  
**2446 3<sup>rd</sup> ST. NE**

Suite, Apt. #, Etc.

City  
**Winter Haven**

State  
**FL**

Zip Code  
**33881**

**800215816428**  
01/03/12--01042--007 \*\*236.25

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  
**Harold L. Linton**

Date  
**12/29/2011**

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
Vice President	Gloria Linton	2446 3 <sup>rd</sup> ST. NE Fl, 3	Winter Haven, FL 33881
Clerk	Chandra Feacher	807 Ware Avenue	Winter Haven, FL 33881
Secretary	Betty Arrington	412 Pleasant Ave. Apt A	Lake Wales, FL 33853
Treasurer	Julia Linton	1113 28 <sup>th</sup> ST. NW	Winter Haven, FL 33881
Person	GOOL Randeem	431 Highland Drive	Lake Wales, FL 33853

10. E-mail Address: **bishophl@yahoo.com**

(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: **Harold L. Linton**

Date  
**12/29/2011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

1/4aw