

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 FEB 18 PM 2:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**800169654618
02/19/10--01002--004 **306.25**

CR2E081 (11/09)

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # *104000006847*

1. Corporation Name

*Faith House of Prayer Holiness Church
Corp.*

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

*Faith House of Prayer
Holiness*

3. Mailing Office Address

*1112 SW M.L.K. Dr.
Suite, Apt. #, etc.*

Suite, Apt. #, etc.

1112 SW M.L.K. Dr.

Suite, Apt. #, etc.

Drive Madison

City & State

Madison

City & State

Fla

Zip

32340

Country

Madison

Zip

32340

Country

Madison

4. Date Incorporated or Qualified
To Do Business in Florida

7-14-2004

5. FEI Number

34-2031732

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

Lee A Medler

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

1306 Hall Street

Suite, Apt. #, Etc.

City

Madison

State

FL

Zip Code

32340

☒ 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

Lee A Medler

REGISTERED AGENT MUST SIGN

Date

2-18-2010

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
<i>S</i>	<i>Lorene Sander secretary</i>	<i>2648 NE Oak Knoll Dr</i>	<i>Madison Fla 32340</i>
<i>D</i>	<i>Cedric Miller</i>	<i>667 SW Bunkers St</i>	<i>Madison Fla 32340</i>
<i>AP</i>	<i>Jerry Miller</i>	<i>667 SW Bunkers St</i>	<i>Madison Fla 32340</i>
<i>D</i>	<i>Cathrine Medler</i>	<i>PO BOX 1161</i>	<i>Madison Fla 32340</i>
<i>D</i>	<i>Patricia Barfield</i>	<i>276 SW Marion St</i>	<i>Madison Fla 32340</i>

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., 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.

SIGNATURE:

Lee A Medler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-18-2010

Daytime Phone #

REINSTATEMENT *15-10*