

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 17 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 005 000000996

1. Corporation Name

House of Miracles Ministry & Servants
OF The Lord Outreach

2. Principal Office Address

243 N. Flagler Avenue
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 900286
Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33030

Country

City & State

Homestead, Florida

Zip

33090

Country

REINSTATEMENT

67

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

2/1/2005

5. FEI Number

861129812

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles L. Scott JR

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

15961 S.W. 290 Street

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030-33

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

Charles L. Scott

REGISTERED AGENT MUST SIGN

Date

9/28/07

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	Charles L. Scott JR	15961 S.W. 290 Street	Homestead, Florida 33030
VP	Dorrina R. Scott	15961 S.W. 290 Street	Homestead, Florida 33030
	Mn/18		
			500110898315 10/17/07--01038--011 **245.00

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 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:

Dorrina R. Scott *Dorrina R. Scott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/28/2007

Daytime Phone #

(305)
245-4553