

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 18 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N060000002104**

1. Corporation Name

**Davenport House of God INC.**

**REINSTATEMENT 07-09**

CR2E081 (11/09)

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

**203 West Bay St.**

Suite, Apt. #, etc.

3. Mailing Office Address

**10 North 10th Street**

Suite, Apt. #, etc.

City & State

**Davenport Fl.**

City & State

**Haines City Fl.**

Zip

**33837**

Country

**USA**

Zip

**33844**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/24/2006**

5. FEI Number

**16-1758975**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Angie Prater**

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

**10 North 10th Street**

Suite, Apt. #, Etc.

City

**Haines City**

State

**FL**

Zip Code

**33844**

☐ 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

**Angie Prater**

Date

**11-10-09**

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
<b>Director</b>	<b>DAVID Prater</b>	<b>10 North 10th St.</b>	<b>Haines City Fl. 33844</b>
<b>Director</b>	<b>Angie Prater</b>	<b>10 North 10th St.</b>	<b>Haines City Fl. 33844</b>
<b>Treasurer</b>	<b>Sandra Otte</b>	<b>3114 Patterson Rd.</b>	<b>Haines City Fl. 33844</b>

700162919277

11/18/09 01026-001 \*\*183.75

10. E-mail Address: **angie.prater@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., 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:

**Angie Prater**

**Angie Prater**

**11-10-09**

**8163-289-1724**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

**11/19**

**DAVENPORT HOUSE OF GOD**

10 North 10<sup>th</sup> St  
Haines City FL 33844  
Phone (863) 289-1724  
Fax (863) 422-1446

November 10, 2009

Florida Department Of State

To Whom It may Concern ,

I Angie Prater did not receive any prior notices of renewal do to the fact that the mailing address was changed because the church had changed secretaries and I didn't receive any mail from the former secretary . I am asking that the reinstament fee be waived.

Sincerely,

Angie Prater