

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 11 AM 10:47

DOCUMENT # N06000002148

1. Corporation Name

ASSEMBLY OF SAINTS HOUSE OF PRAYER INC

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

2374 Automobile Dr.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32209

Country

DUVAL

3. Mailing Office Address

1836 E. 11th ST.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32206

Country

DUVAL

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

FEB. 24, 2006

5. FEI Number

20-8371504

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

JOEL C. TROTTER

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

2374 AUTOMOBILE DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32209

☐ 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

JOEL C. TROTTER

REGISTERED AGENT MUST SIGN

Date 1-09-08

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
TRUSTEE	GEORGIA OLIVER	844 POYDEAS DR. JACKSONVILLE	JACKSONVILLE, FL 32218
TRUSTEE	DANIELLE FLOYD	899 CHERRY POINT DR.	JACKSONVILLE, FL 32218
TRUSTEE	SAM SUMMERALL	1327 PANGOLA DR.	JACKSONVILLE, FL 32204
SEC.	BRENDA BURNEY	1884 HARDEE STREET	JACKSONVILLE, FL 32209
	REINSTATEMENT 07 B 1/15/08		00114810483
	017 1/00 01005 000 *4297.50		

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:

JOEL C. TROTTER - JOEL C. TROTTER

1-09-08

Date

904-514-8575

Daytime Phone #