

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

09 MAR -2 PM 12:18

DOCUMENT # NO6000006010

1. Corporation Name

Prophecy of Prayer Ministries INC.

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

P.O. Box 770664 13521
Meadow Bay Loop
13521 Meadow Bay Loop

City & State

ORLANDO, FL

Zip

32824

Country

ORANGE

3. Mailing Office Address

P.O. Box 770664

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32824

Country

ORANGE

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

June 5, 2006

5. FEI Number

20-8905305

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

NADIA LORNE

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

13521 Meadow Bay Loop

Suite, Apt. #, Etc.

City

ORLANDO,

State

FL

Zip Code

32824

☒ 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

Nadia Lorne

REGISTERED AGENT MUST SIGN

Date 2/7/09

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
Asst Director	NADINE COX	1510 Carey Glen Circle	ORLANDO, FL 32824
Sec.	Shante BRISKINE	13521 Meadow Bay Loop	ORLANDO, FL 32824
Director	NADIA LORNE	13521 Meadow Bay Loop	ORLANDO, FL 32824
			800143393058 02/11/09--01029--021 **184.00
		SENT 02-09	3/2/09

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: NADINE COX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.7.09

Date

Daytime Phone #