

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 AUG 20 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06000006726

1. Corporation Name

Spirit of Praise Inc.

600158594286  
08/20/09--01052--001 \*\*183.75  
600158594286

07/16/09--01045--001 \*\*8.75

**REINSTATEMENT** 07-09

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

1627 E. Edgewood Dr.

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip  
33801

Country

3. Mailing Office Address

133 Carpenters Way

Suite, Apt. #, etc.

Suite #6

City & State

Lakeland FL

Zip

33809

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

June 21, 2006

5. FEI Number

26-4022751

☒ 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 Catrena L. Johnson

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

133 Carpenters Way

Suite, Apt. #, Etc.

Suite #6

City

Lakeland

State

FL

Zip Code

33809

☒ 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

Catrena L. Johnson

REGISTERED AGENT MUST SIGN

Date July 13, 2009

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
D	Clayton Leonard	9116 John Hawks Rd.	Cornelius NC 28031
D	Rashad Johnson	133 Carpenters Way #6	Lakeland FL, 33809
D	Catrena Johnson	133 Carpenters Way #6	Lakeland FL, 33809
S	Rita Kelly	3215 Baird Ave #B115	Lakeland FL, 33805
T	Elizabeth Nelson	2010 5th St. N.E.	Winter Haven FL 33881

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:

Catrena L. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 13, 2009

Date

863-307-0744

Daytime Phone #