

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP 14 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000010521

1. Corporation Name

The House of Prayer For All People, Inc.

08/20/07 90055035 \$70.45

CR2E081 (1/07)

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

7561 Tallahassee Avenue

3. Mailing Office Address

7561 Tallahassee Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip
32208

Country
USA

Zip
32208

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/2006

5. FEI Number

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
Josiah E. Burden Sr.

Street Address (P.O. Box Number is Not Acceptable)
7561 Tallahassee Avenue

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32208

☒ 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

Josiah E. Burden Sr.

REGISTERED AGENT MUST SIGN

Date 9.21.07

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/D	Josiah E. Burden, Sr.	7561 Tallahassee Avenue	Jacksonville, Fl. 32208
V/D	Josiah E. Burden Jr.	7561 Tallahassee Avenue	Jacksonville, Fl. 32208
S/T/D	Tamara E. Jones	6547 Harlow Blvd.	Jacksonville, Fl. 32210

REINSTATEMENT 2007

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:

Josiah E. Burden Sr.

Josiah E. Burden Sr.

Date

9.21.07

Daytime Phone #

904.764.9966