

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NU 7000004820

1. Corporation Name

House of Prayer Outreach Ministry - Corp

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

1919 Holton Street

Suite, Apt. #, etc.

City & State

Tallahassee Florida

Zip

32310

Country

USA

3. Mailing Office Address

1919 Holton Street

Suite, Apt. #, etc.

City & State

Tallahassee Florida

Zip

Leon

Country

USA

7. Name and Address of Current Registered Agent

Name

Phyllis Brantum

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

6309 Sue Page Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

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

Phyllis Brantum

REGISTERED AGENT MUST SIGN

Date

4-12-10

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
<u>President</u>	<u>Phyllis Brantum</u>	<u>6309 Sue Page Drive</u>	<u>Tallahassee, FL 32305</u>
<u>VP</u>	<u>Gwendolyn Huggins</u>	<u>8302 Pinoak Drive</u>	<u>Tallahassee, FL 32305</u>
<u>VP</u>	<u>Taquanda Davis</u>	<u>2562 Holton St Apt A-238</u>	<u>Tallahassee FL 32301</u>
<u>VP</u>	<u>Paris Brantum</u>	<u>1919 Holton St</u>	<u>Tallahassee FL 32310</u>
REINSTATEMENT			
<u>RLH 05-10</u>			

10. E-mail Address:

(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:

Phyllis Brantum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-10

Daytime Phone #

850-251-9864

FILED

10 APR 12 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300175388413
04/12/10--01005--017 **122.50

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.