


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000010162 1. Entity Name POWERHOUSE FAITH & PRAISE CHURCH OF GOD, INC. <i>Power House Faith & Praise Church of God, INC.</i>			
Principal Place of Business 512 N.E. 4TH AVENUE GAINESVILLE, FL 32601		Mailing Address 512 N.E. 4TH AVENUE GAINESVILLE, FL 32601	
2. Principal Place of Business - No P.O. Box # 512 NW 4th Avenue Suite, Apt. #, etc.		3. Mailing Address 512 NW 4th Avenue Suite, Apt. #, etc.	
City & State Gainesville, FL Zip 32601		City & State Gainesville, FL Zip 32601	
Country Alachua		Country Alachua	
6. Name and Address of Current Registered Agent ROBINSON, LEO SR 6327 NE 27TH AVENUE GAINESVILLE, FL 32609 <i>Robinson, Leo Sr</i> <i>6327 NE 27th Avenue</i> <i>Gainesville, FL 32609</i>		7. Name and Address of New Registered Agent Name Robinson, Leo SR Street Address (P.O. Box Number is Not Acceptable) 6327 NE 27th Avenue City Gainesville FL Zip Code 32601	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u><i>Leo Robinson Sr.</i></u> Leo Robinson Sr. 10/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, LEO 6327 NE 27TH AVENUE GAINESVILLE, FL 32609 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hutchinson Kenneth 5029 NE 24th Ave Gainesville, FL 32609 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, SAMMIE 6327 NE 27TH AVENUE GAINESVILLE, FL 32609 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hutchinson Angela 5029 NE 24th Avenue Gainesville, FL 32609 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, ANGELA 6327 NE 27TH AVENUE GAINESVILLE, FL 32609 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 2em;"><i>311/5</i></div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Leo Robinson Sr.</i></u> - Leo Robinson Sr. 10/30/08 352-215-3695 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

FILED
08 NOV -4 AM 11:20
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

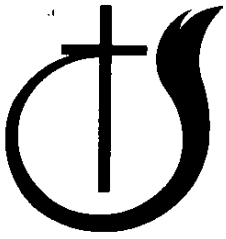


REINSTATEMENT (1/07) *08*

4. FEI Number **16-1618531** ☐ Applied For ☒ Not Applicable
~~16-1618531~~

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

600137627076
11/04/08--01043--002 ***70.00



Power House Faith & Praise Church of God

512 NW 4th Ave Gainesville Fl 32601

Phone: 352-371-7249

Email: powerhouse9@cox.net

Pastor Leo & Prophetess Susette Robinson

October 31, 2008

We never received any notification for the reinstatement fee of \$ 175.00. We would like for it to be waived and be reinstated in the amount of \$61.25 also the \$8.75 for certificate of status desired.

Sincerely,

Leo Robinson

Pastor Leo Robinson, Sr.