

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2013 JAN 25 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/29/13--01003--001 **297.50

CR2E081 (11/10)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # NO7000010162			
1. Corporation Name PowerHouse Faith & Praise Church of God, Inc. 512 NW 4th Ave Gainesville, FL 32601			
2. Principal Office Address - No P.O. Box # 512 NW 4th Ave Suite, Apt. #, etc.		3. Mailing Office Address 512 NW 4th Ave Suite, Apt. #, etc.	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32601		Country Alachua	
4. Date Incorporated or Qualified To Do Business in Florida 10/15/2007		5. FEI Number 16168531	
6. CERTIFICATE OF STATUS DESIRED		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name: Jannie Armstrong Street Address (P.O. Box Number is Not Acceptable): 512 NW 4th Ave Suite, Apt. #, Etc.: City: Gainesville State: FL Zip Code: 32601			
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: Jannie Armstrong Date: 1/22/2013 REGISTERED AGENT MUST SIGN			
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
TA	Andrew Snyder	218 Sharon St.	Interlachen, FL 32148
CFO	Ira Armstrong	4369 SW 179 PL.	Ocala, FL 34473
C	Nicole Snyder	218 Sharon St.	Interlachen, FL 32148
T	Heather Armstrong	4369 SW 179 PL.	Ocala, FL 34473
P	Jannie Armstrong	P.O. Box 68 1103 HW 315 N	Grandin, FL 32138

10. E-mail Address: Jannie zpac@windstream.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: JANNIE Armstrong Jannie Armstrong 1/22/2013 (386)546-8067
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T Lewis 1/30/13