

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 10 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N07000012322

1. Entity Name

THE HOUSE OF PRAISE & BLESSINGS INCORPORATED



Principal Place of Business

3100 1ST AVE. N.  
ST PETERSBURG, FL 33713 US

Mailing Address

3100 1ST AVE. N.  
ST PETERSBURG, FL 33713 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11032008 REIN-NP

CR2E099 (1/07)

4. FEI Number

26-1664104

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, MENTHA DR  
2545 GRANADA CIR W  
ST. PETERSBURG, FL 33712

Name

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

City

FL

Zip Code

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

*Mentha Thomas*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$61.25  
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, MENTHA DR	
STREET ADDRESS	2545 GRANADA CIR W	
CITY-ST-ZIP	ST. PETERSBURGH, FL 33712	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JETER, LANCE DR	
STREET ADDRESS	2545 GRANADA CIR W	
CITY-ST-ZIP	ST. PETERSBURGH, FL 33712	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALLEN, CAROLYN	
STREET ADDRESS	2545 GRANADA CIR W	
CITY-ST-ZIP	ST. PETERSBURGH, FL 33712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400137781504	
CITY-ST-ZIP	11/10/08--01027--016 **70.00	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vera Paul	
STREET ADDRESS	2545 Granada Cir W	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yate Hicks	
STREET ADDRESS	6830 19th Street South	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Mentha Thomas* MENTHA THOMAS 11-7-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/08