


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
11 OCT 21 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *No 90000 11794*

1. Corporation Name

*House of Faith True Unity Baptist Church Inc*

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

*1711 Mercy Dr*

Suite, Apt. #, etc.

*106*

City & State

*Orlando, Florida*

Zip

*32808*

Country

*U*

3. Mailing Office Address

*1711 Mercy Dr*

Suite, Apt. #, etc.

*106*

City & State

*Orlando, Fla*

Zip

*32808*

Country

*U.S.A*

10-11  
REINSTATEMENT

*B 10/21/11*

EOB1 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

*12-10-09*

5. FEI Number

*27-0989695*

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  
*Annie Dupree*

Street Address (P.O. Box Numbers Not Acceptable)

*1711 Mercy Dr*

Suite, Apt. #, Etc.

*106*

City

*Orlando*

State

*FL*

Zip Code

*32808*

500212764445  
09/30/11--01034--001 \*\*236.00

500212764445  
10/21/11--01026--002 \*\*61.50

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

*Annie Dupree*

REGISTERED AGENT MUST SIGN

Date *Sept 27-11*

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
<i>Pastor</i>	<i>Annie Dupree</i>	<i>1711 Mercy Dr Apt 106</i>	<i>Orlando, Fla 32808</i>
<i>Dea</i>	<i>Antoni E Dupree</i>	<i>4086 Ferrow St</i>	<i>Orlando, Fla 32811</i>
<i>Sec</i>	<i>Tracey Dupree</i>	<i>728 Dunbar Ct Apt 7</i>	<i>Orlando, Fla 32805</i>
<i>Pastor</i>	<i>Peggie Wilson</i>	<i>1840 Line Bay</i>	<i>Orlando, Fla 32839</i>
<i>Sec</i>	<i>Theresa Shavers</i>	<i>5429 Bant Vista</i>	<i>Orlando, Fla 32839</i>
<i>Treasurer</i>	<i>Tamela Dupree</i>	<i>4086 Ferrow St</i>	<i>Orlando, Fla 32811</i>

10. E-mail Address: *tonisent@yahoo.com*

(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:

*Annie Dupree*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sept 27-11 407-480-1489*