

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N11001

1. Corporation Name

FLORIDA HOUSE OF PRAYER OF APOSTOLIC FAITH, INC.

Principal Place of Business

Mailing Address

2445 NW 62 STREET  
MIAMI FL 33147

1005 NE 92 STREET  
MIAMI FL 33138



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/1985

5. FEI Number

65-0032498

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	WATSON, ALBERT JR	2445 NW 62 STREET	MIAMI FL 33147
VTD	WATSON, GWENDOLYN	2445 NW 62 STREET	MIAMI FL 33147
SD	BRINSON, CONNIE	2445 NW 62 STREET	MIAMI FL 33147

000023870090  
10/17/03--01018--018 \*\*183.75

000023870090  
12/03/03--01005--005 \*\*52.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WATSON, ALBERT, JR.  
1005 NE 92 STREET  
MIAMI, FL 33138

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Albert Watson*

Date

10/8/03

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

*Gwendolyn Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

365-757-8783

Daytime Phone #

CR2E040 (7/03)