

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -3 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N13339*

1. Corporation Name
The House of The Lord INC.

2. Principal Office Address - No P.O. Box #
4029 SW 19th ST.

Suite, Apt. #, etc.

City & State
Hollywood FL

Zip
33023

Country
BROWARD

3. Mailing Office Address
5305 WILEY ST

Suite, Apt. #, etc.

City & State
Hollywood FL

Zip
33021-8029

Country
BROWARD

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida
1986

5. FEI Number
65-0058548

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
John Pierson

Street Address (P.O. Box Number is Not Acceptable)
5305 WILEY ST.

Suite, Apt. #, Etc.

City
Hollywood

State
FL

Zip Code
33021

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
John Pierson
REGISTERED AGENT MUST SIGN

Date
MARCH 29 2008

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
V. Pres	<i>MARZET BEASLEY</i>	<i>946 NW 10th ST</i>	<i>HALLANDALE FL 33009</i>
Sec. Treasury	<i>Henry Pierson</i>	<i>1501 SW 67th Terr.</i>	<i>Plantation FL 33317</i>
Pres.	<i>John Pierson</i>	<i>5305 WILEY ST.</i>	<i>Hollywood FL 33021</i>
	<i>[Signature]</i>		

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10. 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 contained in Chapter 119, 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: *Henry Pierson* HENRY PIERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
MARCH 29 2008

Daytime Phone #
954 797 9305