

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.

3. Mailing Office Address

5305 WILEY ST

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33023

Country

BROWARD

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	MARZET BEASLEY	946 NW 10 th ST	HALLANDALE FL 33009
Sec. Treasury	Henry Pierson	1501 SW 67 th Terr.	Plantation FL 33317
Pres.	John Pierson	5305 WILEY ST.	Hollywood FL 33021

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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

MARCH 29 2008

Date

954 797 9305

Daytime Phone #