PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAY 17 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18595

REINSTATEMENT 89-02

1. Corporation Name
Interdenominational Prayer Band of Florida, INC.
810 Booker Street
Haines City, Florida 33844

2. Principal Office Address	3. Mailing Office Address
	810 Booker Street
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc.
City & State	City & State Haines City, Florida
Zip / Country	Zip 33844 / Country U.S

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

5. FEI Number 59-3730456 ☐ 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 Pandora C. Lewis

800005695378--1
-06/06/02--01034--004
***1041.25 ***1041.25

Street Address (P.O. Box Number is Not Acceptable) 810 Booker Street

Suite, Apt. #, Etc.

City Haines | State FL | Zip Code 33844

Adm 971.25
AR 61.25
~~Reinstate 88.75~~
Cert 8.75

8. I, being appointed the registered agen ...itions of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date May 14, 2002

CR2E081 (9/00)

9. Names and Street Addresses of Eac ...3 directors)

Titles	Name Officers and/		City / State / Zip
P/D	Pandora C. Lewis	810 Booker Street	Haines City, Fl 33844
V/P/D	Louise Williams	1409 North Tenth Street	Haines City, Fl 33844
V/P/D	Bessie R. Wright	1302 Avenue "N"	Haines City, Fl 33844
S/D	Lathene Brown	1215 Avenue "N"	Haines City, Fl 33844
T	Gretrude Streeter	1108 Avenue "E"	Haines City, Fl 33844
BM/D	Yvette Salary	2100 Dr. Martin Luther King way	Haines City, Fl 33844

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 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: Pandora C. Lewis Pandora C. Lewis 5-14-02 863-439-5761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Block 9 From Application Officers (Continues)

Titles	Name	Address	City, States, Zip
A/S	Dorothy Monroe	27 Tangerine Dr.	Haines City, Fl. 33844
F/S	Alma Rivers	1209 Temple Circle	Haines City, Fl. 33844
T/T	Jake Jackson	9 Tangerine Circle	Haines City, Fl. 33844
T/T	O'neil Nelson	1113 Avenue N.	Haines City, Fl. 33844
S/A	Elder Sardie Coleman	1211 Temple Court	Haines City, Fl. 33844