		DI FASE READ A	 T2ML 1112	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM		
FOR PEINSTATEMENT				DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			OMPLETING THIS FORM. APPROVEL AND FILED		
DOCUMENT # N24507						98 DEC 11 PM 3:42			
1. Corporation Name							SECRETARY OF TALLAHASSEE, I	SIATE I ORINA	
HOUSE OF PRAYER FOR EVERYONE CHRISTIAN CHURCH, INC .						3	00002713 -12/15/981 ****245.00	idainez	
·				lling Address			A NANT BENDA ARNA BRIAT LODE DADA BEDET	11311 BIBIT BIBIT BIBIT (BBC	
P.O. BOX 10 HOLLY HILL US	0984		P. O. BOX 10984 P.O. BOX 10984 DAYTONA BEACH FL 32120 US			REIN	STATEMEN		
		incorrect in any way, line thro Address, If Applicable	•	oformation and entering Office Address, If		Date Incorp To Do Busir	orated or Qualified	05/4007	
Suite, Apt. #, etc. Suite				uite, Apt. #, etc.			12/2	25/1987	
City & State	3		City & State			5. FEI Number	59-2872579	Applied For Not Applicable	
Zip Country		Zip Country		у	6. CERTIFICATI	E OF STATUS DESIRED \$8.7	Additional Fee required ra Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and/o	r Director (Flo		itions must list at lea				
Title(s)				Of	Officer and/or Director NOT Use Post Office Box Numbers)		City / State / Zip		
PD *	DAVIS, WILLIE R.			1300 NORTH STREET			DAYTONA BEACH FL		
VSD	DAVIS, RILEY A.			1300 NORTH STREET			DAYTONA BEACH FL		
TD DAVIS, PAULINE R.			1437 ILLINOIS STREET				DAYTONA BEACH FL		
								- ·	
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					bh n/m				
8. Name and Address of Current Registered Agent						9. Name and A	Address of New Registered A	gent	
Name								(80)0)	
DAVIS, WILLIE R. JR. 1300 NORTH STREET					Street Address (P.O. Box Number is Not Acceptable)				
DAYTONA BEACH FL 32014					Sulte, Apt. #, Etc.				
					City	FL			
10. I, being Signature o Registered	f	e registered agent of the abov	21Kt	ration, am famillar wi	th and accept the ob	oligations of Secti	on 607.0505, F.S. Date	-78	
		ration owes or ha Personal Property			ar Yes 🔲	No 🗗	(See other side on intang		
12. 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 filling 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: 12-10-78 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									