

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 29 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24507**

1. Corporation Name

**House of Prayer For Everyone
Christian Church, Inc.**

2. Principal Office Address - No P.O. Box #

1398 Hurst Street

Suite, Apt. #, etc.

City & State

Daytona Beach, Fl.

Zip

32117 -

Country

US

3. Mailing Office Address

P.O. Box 10984

Suite, Apt. #, etc.

City & State

Daytona Beach, Fl.

Zip

32120

Country

US

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2872579

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

Dr Willie R Davis

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

1300 North Street

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

☒ 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

Date

REGISTERED AGENT MUST SIGN

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
P	Pastor Willie R Davis	1300 North Street	Daytona Beach, Fl. 32114
T	(Asst Pastor) Riley A Davis	1300 North Street	Daytona Beach, Fl. 32114
NAS	Pauline R. Davis	1437 Illinois Street	Daytona Beach, Fl. 32114

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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:

Willie R Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/09

Date

Daytime Phone #