

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

14 JAN -9 PM 3:05

DOCUMENT # N24507

1. Corporation Name

House of Prayer for Everyone  
Christian Church Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1398 Hurst St.

3. Mailing Office Address

P.O. Box 10984

Suite, Apt #, etc.

Suite, Apt #, etc.

CR2E081 (11/10)

City & State

Daytona Bch., Fla.

City & State

Daytona Bch., Fla.

Zip

32117

Country

Volusia

Zip

32110

Country

Volusia

4. Date Incorporated or Qualified  
To Do Business in Florida

12-25-1987

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

Willie R. Davis

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

1300 North St

Suite, Apt #, Etc

City

Daytona Beach

State

FL

Zip Code

32114

800255453798

01/10/14--01002--016 \*\*490.00

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

Willie R. Davis

REGISTERED AGENT MUST SIGN

Date 1-9-2014

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	Willie R. Davis	1300 North St.	Daytona Bch., FL 32114
T	Riley A. Davis	1300 North St.	Daytona Bch., FL 32114
VAS	Pauline R. Davis	1437 Illinois St.	Daytona Bch., FL 32114

JAN -9 2014

REINSTATEMENT

2010-2014

L. SELLERS

10. E-mail Address: RENDR.DD@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE:

Willie R. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2014

Date

Daytime Phone #