

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N25379

1. Corporation Name

HOUSE OF MINISTRIES, INC.

Principal Place of Business

9646 HIGHLAND AVE
JACKSONVILLE FL 32208

Mailing Address

9648 WOODLAND AVE
JACKSONVILLE FL 32208

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

00 JUN -6 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

920

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1988

5. FEI Number

59-2883616

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	WILLIAMS, ARLO V.	9648 WOODLAND AVE.	JACKSONVILLE FL 32208
VD	BOONE, ALFRED HENRY	9463 W CARBONDALE DR	JACKSONVILLE FL 32308
SD	BOONE, CAROL	9463 W CARBONDALE DR	JACKSONVILLE FL 32308
TD	WILLIAMS, MARY	9648 WOODLAND AVE.	JACKSONVILLE FL 32208

500003330085-1
-07/20/00--01077--021
****358.75/L****358.75

8. Name and Address of Current Registered Agent

WILLIAMS, MARY ELLEN
9648 WOODLAND AVE.
JACKSONVILLE FL 32208

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Mary E. Williams
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

6-6-00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

NO Tax Due

Yes ☐ No ☐

(See other side for information
on intangible tax.)

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 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:

Mary E. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-00
Date

904 384-2121
Daytime Phone #

Ext. 25

CR2040 (9/98)