

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N43827**

1. Corporation Name

INTIMACY HOUSE OF PRAYER, INC.

Principal Place of Business

Mailing Address

1408 NW 10TH ST.
OCALA FL

1408 NW 10TH ST
OCALA FL 34475
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1991

5. FEI Number

59-3077638

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 3	City / State / Zip 4
PD	FOSTER, WILLIE JR	1307 NW 12TH ST.	OCALA FL 34475
SD	FOSTER, PARRIE	1307 NW 12TH ST.	OCALA 34475
TD	NEWSON, NAPOLIEON	2051 SW 7TH PL	OCALA FL 34474
VD	HARRIS, CURTIS L	2870 NE 202 TER	WILLISTON FL 32696
VD	JOHNSON, LEON A	13850 NE 5TH ST	WILLISTON FL 32696
500004698875--9 -11/29/01--01070--008 *****245.00 *****245.00			

8. Name and Address of Current Registered Agent

FOSTER, WILLIE
1307 N.W. 12TH ST.
OCALA FL 32675

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. 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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-14-01

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., 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)