

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 OCT 19 PM 2:26

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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10/19/17--01010--011 **420.00

DOCUMENT # N459159

1. Corporation Name

Church Of Prayer For All People

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

1305 McMillion Lane

Suite, Apt. #, etc

3. Mailing Office Address

PO Box 1543

Suite, Apt. #, etc

City & State

Chipley, FL

Zip

32428

Country

USA

City & State

Marianna, FL

Zip

32446

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3655819

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

John A. McMillion

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

3639 Blaine Drive

Suite, Apt. #, Etc

City

Marianna

State

FL

Zip Code

32446

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

John A. McMillion
REGISTERED AGENT MUST SIGN

Date 10/19/2017

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
PBD	McMillion, Fred	1305 McMillion Lane	Chipley, FL 32428
CEO	McMillion, John	3639 Blaine Drive	Marianna, FL 32446
BMD	Holmes, Anne J	1305 A McMillion Lane	Chipley, FL 32428
BMD	Moore, Millie Missy	283 Cochran Road	Chattahoochee, FL 32324

10. E-mail Address: Jasam56@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 s 817.155 F.S.

SIGNATURE:

John A. McMillion

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/2017 850 526 4572

Date Daytime Phone #

T HENDERSON

OCT 19 2017