

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50003

1. Corporation Name

House of Prayer and Praise
Tabernacle Inc.

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

5605 NW 79th Pl.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2003

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32609

Country

US

Zip

32602

Country

US

7. Name and Address of Current Registered Agent

Name

ROY H. DILLARD SR.

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

(321) 321 NE 21st Lane

Suite, Apt. #, Etc.

93

City

Gainesville

State

FL

Zip Code

32609

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

ROY H. DILLARD SR.

REGISTERED AGENT MUST SIGN

Date

3/10/2010

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	Hurtis Jackson	904 N Clark St.	Starke, FL 32091
VD	Clareatha Jackson	904 N Clark St.	Starke, FL 32091
S	Joyce Griffen	904 N Clark St.	Starke, FL 32091
D	Sherrin Dillard	2114 NW 55th Blvd. #35	Gainesville, FL 32653

10. E-mail Address: Sherrin.dillard.32653@yahoo.com

(To be used for future annual report notification)

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. 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.

SIGNATURE:

ROY H. DILLARD SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/2010

Daytime Phone #

FILED

10 MAR 11 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500171870195

03/11/10--01025--019 **175.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida

7/23/1992

5. FEI Number

59 3278609

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.