

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

98 DEC -3 PM 3:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # NA3600002166
 1. Corporation Name *The House of Prayer Evangelical and Revelation Ministry of Jesus Christ Inc.*

Principal Place of Business Mailing Address
W98-26297

REINSTATEMENT 94-98

94-98 TS. 12/98

REINSTATEMENT 94-98

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

| | | |
|--|--|--|
| 2. New Principal Office Address, If Applicable <i>607 25th St. WP</i> | 3. New Mailing Office Address, If Applicable <i>7919 Burlwood Lane</i> | 4. Date Incorporated or Qualified To Do Business in Florida <i>5-12-93</i> |
| 5. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| City & State <i>West Palm Beach, FL</i> | City & State <i>Lake Worth, FL</i> | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |
| Zip <i>33407</i> | Country <i>America</i> | Zip <i>33467</i> |

| 1 | 2 | 3 | 4 |
|-----------------|-----------------------------------|---|--------------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
| D-Pastor | Callie Mae Broughton | 7919 Burlwood Lane Lake Worth, FL. 33467 | Lake Worth, FL. 33467 |
| T-Minister | Barbra A. Jackson | 571 West 1st Street | Riviera Bch., FL. 33404 |
| T-Trustee | Alex Lithy Brinkley | 816 Booker Ave. | West Palm Bch, FL. 33401 |
| D-Assist. Secy. | Tammatha E. Brinkley | 816 Booker Ave. | West Palm Bch. FL. 33401 |
| D-Evang. | Floyd Coney | 7919 Burlwood Lane | Lake Worth, FL. 33467 |

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|---|--|
| 8. Name and Address of Current Registered Agent <i>Veronica Lacheryl Welons (Secretary) 719 W. Tiffany Dr. Apt. 2 West Palm Bch., FL 33407</i> | 9. Name and Address of New Registered Agent Name <i>Barbara A. Jackson</i> Street Address (P.O. Box Number is Not Acceptable) <i>571 W 1st Street</i> Suite, Apt. #, Etc. City <i>Riviera Beach</i> State FL Zip Code <i>33404</i> |
|---|--|

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 *Barbara A. Jackson* REGISTERED AGENT MUST SIGN Date *8-2-98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(j), 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: *Callie Broughton* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *8-2-98 (561) 966-1371* Daytime Phone #

CR25049 (1/88)