

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 TS. 12/1/98

REINSTATEMENT

94-98

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

2. New Principal Office Address, If Applicable 607 25th St. WP
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable 7919 Burlwood Lane
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 5-12-93

City & State West Palm Beach, FL
Zip 33407 Country America

City & State Lake Worth, FL
Zip 33467 Country America

5. FEI Number ☒ 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)

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. Sec.	Tammatha E. Brinkley	816 Booker Ave.	West Palm Bch., FL. 33401
D-Evang.	Floyd Coney	7919 Burlwood Lane	Lake Worth, FL. 33467

100002708141-2
-12/09/98-01114-007
481.25

8. Name and Address of Current Registered Agent
Veronica Lacheryl Welons
(Secretary)
719 W. Tiffany Dr. Apt. 2
West Palm Bch., FL 33407

9. Name and Address of New Registered Agent
Name Barbara A. Jackson
Street Address (P.O. Box Number is Not Acceptable) 571 W 1st Street
Suite, Apt. #, Etc.
City Riviera Beach State FL Zip Code 33404

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 Date 8-2-98
REGISTERED AGENT MUST SIGN

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)(f), 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 Date 8-2-98 (561) 966-1371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #