PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLÖRIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	12 DEC 31 MILLS: 06
DOCUMENT # N9300000 4671 1. Corporation Name Tesus Christ, The King Of Kings, And Lord Of Lords, House Of Prayer For All Reople, Incorporated.		300243238563 01/02/1301023001 **245.00
2. Principal Office Address - No P.O. Box # 598 S. Edgewood Ave. Suite, Apt. #, etc.	3. Mailing Office Address 2842 Post Street Suite, Apt. #, etc.	CR2E081 (11/10)
Church House Building	Church House Building	Date Incorporated or Qualified To Do Business in Florida
Jacksonville, Florida	Jacksonville, Florida	5. FEI Number Applied For Not Applicable
32205 United States	32205 United States	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
City State Zip Code		REINSTATEMENT 2012
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 MUST SIGN Date 12-28-2012		
Names and Street Addresses of Each Officer and Titles Name of	/or Director (Florida nonprofit corporations must list at les Street Address of Each	
Officers and/or Directors	Officer and/or Director	City / State / Zip
D/SM 0.	lips 2842 Post 8t.	Jacksonville, Fl. 32205 Jacksonville, Fl. 32205
7/30 Begina b. An		Lea. Dr. Jacksonville, Fl. 32209
C/M Betty A. Ha	rrell 2142 Firestone Rd.	Jacksonville, 81. 32210
10. E-mail Address: Pastor 1	BEC 3 1 7012	
(To be used for future annual report notification) [1] 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 fine user reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, D., add that all less 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: DAY DEPARTMENT 12-28-2012 904 442-4778 12-28-2012 904		