

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 6:14

DOCUMENT # N93000005731

1. Corporation Name

CHAPEL OF PRAYER, INC.

Principal Place of Business

Mailing Address

1499 WEST 32ND STREET
RIVIERA BEACH FL 33404

1489 WEST 32ND STREET
RIVIERA BEACH FL 33404

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/22/1954

5. FEI Number

65-0671125

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LOVING, DANIEL L	1700 OWENS AVENUE	ALBANY GA 31705
D	HUGGINS, HATTIE	1489 W. 32ND STREET	RIVIERA BEACH FL 33407
DT	ALLEN, EASTER	1200 WEST 35TH ST.	RIVIERA BEACH FL 33404
VD	LOVING, MELVENIA J	1700 OWENS AVENUE	ALBANY GA 31705
TD	PETERSON, IDA	2101 LEOARD AVENUE	ALBANY GA 31705
SD	LOVING, YOLANDA	1700 OWENS AVE.	ALBANY GA

8. Name and Address of Current Registered Agent

HUGGINS, HATTIE
1489 WEST 32ND STREET
RIVIERA BEACH FL 33404

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300003480243--6

-11/30/00--01005--005

***236.25 State Zip Code

FL

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

Hattie Huggins **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10-20-00

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., 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)(i), 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.

AD

SIGNATURE:

Daniel L. Loving **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-00 912-888-5179
Date Daytime Phone #

CR2E040 (8/00)