

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secretar	RTMENT OF STATE  ry of State  CORPORATIONS			L L L 30 PH 3:37
DOCUMENT # N9400000 583  1. Corporation Name			SECHETARY OF STATE FALLAHASSEE FLORIDA		
Holy Temple House of Prayer, Inc.			REI	NSTATI	EMENT
2. Principal Office Address - No P.O. Box #  619 Kensington St.  619 K  Suite, Apt. #, etc.  Suite, Apt. #, etc.		Censington St.		CR2E081 (1	95-07
Dity & State  City & State  City & State  Eustis  Zip  Country  Zip		5. FEI 85-1		9179808 <b>E</b> -L	1 - 28 - 9 4 Applied For Not Applicable
32726 Lake	32726	Lake	6. CERTIFICATE	OF STATUS DESIRED 💢	Coro Caulional Georgians Coro Caulional Georgians
Name and Address of Current Registered Agent  Name  Willie Sanders  Street Address (P.O. Box Number is Not Acceptable)  1103 Susan St.  Suite, Apt. #, Etc.  City Leesburg,  State Zip Code FL 34748			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.		
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					
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/T Bishop William M	Kensington	1 St.	Eustis, F	L 32726	
VS Alene Sanders		1103 Susan St.		Leesburg,	FL 34748
W Willie Sanders (Bishop)		1103 Susan St.		Leesburg.	FL 34748
D Lonnie C. Thomas	ا ن	7 Timber Rid	ge Dr.	Milton, F.	L 32571
			07/30,	070105401	.261 4 **980.00
					1
10. 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 filling 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 individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my significant shall have the same legal effect as if made under oath.  SIGNATURE:  Lonnie C. Thomas Signing OFFICER OR DIRECTOR  Date  Date  Daytime Phone #					

## HOLY TEMPLE HOUSE OF PRAYER, INC. 619 Kensington Street Eustis, Florida 32726

July 27, 2007

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Division of Corporations:** 

Enclosed is our "CORPORATION REINSTATEMENT" form, completed and signed, with a check for the amount of \$980.00 for reinstatement and for a "CERTIFICATE OF STATUS." Please send the certificate and any receipt to us at my temporary address, Bishop Lonnie C. Thomas, c/o 130 5<sup>th</sup> St. SE #910, Barberton,OH 44203.

Please include with your correspondence, forms for changing our officers/directors and our Registered Agent.

Should you have any questions you may reach me by telephone at 330-618-1030.

Thank you.

Bishop Lonnie C. Thomas