

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -6 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N94000000747

1. Corporation Name

The Father's House International
(La Casa del Padre Internacional)

2. Principal Office Address

1820 Monument Rd
Jacksonville, FL 32225

3. Mailing Office Address

NONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3256752

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bosque, Jose L

400005557074

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

1030 BAISDEN RD

-05/17/02--01028-015

****131.25 ****131.25

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32218

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

REGISTERED AGENT MUST SIGN

Date 5/1/02

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
PD	Bosque, Jose L	1030 BAISDEN RD	Jacksonville FL 32218
SD	Bosque, Mario L	1000 BAISDEN RD	Jacksonville, FL 32218
D	Pacheco, Nelson	8090 Atlantic A-26	Jacksonville FL 32211
D	Lopez, Gladys	7816 Catawba Dr.	Jacksonville FL 32217
D	Bosque, Dulce	1000 Baisden Rd	Jacksonville FL 32218

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose L. Bosque

Date

5/1/02

Daytime Phone #

904-928-9000

ns 5/1/02