Amended

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT -7 AM 10:31

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)

800008327018--3
-10/11/02--01003--020
*****61.25 *****61.25

2. Principal Office Address	3. Mailing Office Address
1820 Monument Rd Jacksonville, FL 32225	none
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

Street Address (P.O. Box Number is Not Acceptable): 1030 BAISDEN RD

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: Jose L Bosque Date: 5/1/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	32218 Jacksonville FL
SD	Bosque, Mario L.	1000 BAISDEN RD	32218 Jacksonville, FL
~~D~~	~~Pacheco, Nelson~~ Remove	~~8090 Atlantic A-26~~	~~32211 Jacksonville FL~~
D	Lopez, Gladys	7816 Catawba Dr.	32217 Jacksonville FL
D	Bosque, Dulce	1000 Baisden Rd	32218 Jacksonville FL
SD	EFrem Gonzalez	2040 heon Rd	32246 Jacksonville FL

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.

904-928-9000

SIGNATURE: Jose L Bosque Jose' L. Bosque 5/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jose L Bosque 9/29/02

gr 10/8/02