

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 MAR 16 AM 9:02

TALLAHASSEE, FLORIDA

MAR 16 2016

L BERGER

CR2E081 (11/10)

DOCUMENT # *N94000001415*

1. Corporation Name

HOUSE OF PRAYER Ministries of God INC.

2. Principal Office Address - No P.O. Box #

17210 N.W. 43 COURT

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FL.

Zip

33055

Country

U.S.A

3. Mailing Office Address

17210 N.W. 43 COURT

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FL.

Zip

33055

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

3/21/1994

5. FEI Number

65-0480466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VIRGINIA CARTER

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

17210 N.W. 43 COURT

Suite, Apt. #, Etc.

City

MIAMI GARDENS

State

FL

Zip Code

33055

300283447913

*03/16/16--01012--010 ***306.25*

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

Virginia Carter

REGISTERED AGENT MUST SIGN

Date *3/07/16*

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
<i>D.T</i>	<i>Edward L. Carter</i>	<i>17210 N.W. 43 COURT</i>	<i>MIAMI GARDENS, FL. 33055</i>
<i>D</i>	<i>John Lewis</i>	<i>17131 N.W. 44th Ave.</i>	<i>MIAMI GARDENS, FL. 33055</i>
<i>SD</i>	<i>Sherria Gilcrease</i>	<i>4361 N.W. 173 Drive</i>	<i>MIAMI GARDENS, FL. 33055</i>
<i>D</i>	<i>Willie James Jones</i>	<i>2261 N.W. 58 Street</i>	<i>MIAMI, FL. 33142</i>

10. E-mail Address: *aVirgincann2@gmail.com*

(To be used for future annual report notification)

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., and that all fees 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:

Virginia Carter *VIRGINIA CARTER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/16 *305 620-7173*

Date

Daytime Phone #