

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 21 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001840

1. Corporation Name

GOD'S COVENANT HOUSE OF PRAYER, INC.

Principal Place of Business

Mailing Address

2517 CRESAP STREET
LAKELAND FL 33801

2517 CRESAP STREET
LAKELAND FL 33801



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

4. Date Incorporated or Qualified To Do Business in Florida

04/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3313321

Not Applicable

Zip

Country

Zip

Country

33801

FLORIDA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	EDDINGS, MYRL R	1404 LONG STREET 1404 Long Street	LAKELAND FL 33801
D	EDDINGS, EDNA M	1401 LONG STREET 1404 Long Street	LAKELAND FL 33801
D	EDDINGS, MICHAEL R	POST OFFICE BOX 83/NA	MCINTOSH AL 36553

REINSTATEMENT

12/19/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDDINGS, MYRL R
2517 CRESAP STREET
LAKELAND FL 33801

Name
600002065636--3
Street Address (P.O. Box Number is Not Applicable)
01/23/97 01013--004
Suite, Apt. #, Etc.
*****61.25 *****61.25
City
600002065636--3
State - Zip Code
01/23/97 01013--004

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505.

Signature of Registered Agent

Myrl R Eddings

REGISTERED AGENT MUST SIGN

Date

12-20-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

Myrl R Eddings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-96

Date

Daytime Phone #

CR2E040 (7/96)