

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000004108**

1. Corporation Name

**THE Prayer Room Assembly Outreach
Ministry, Inc.**

2. Principal Office Address

3329 N. Pearl St.

3. Mailing Office Address

1601 N. Pearl St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax FL

City & State

Jax FL

Zip

FL 32206 Duval

Zip

32206 Duval

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3496587

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

300015443389
04/08/03--01001--018 **297.50

7. Name and Address of Current Registered Agent

Name

RONALD E. WALKER, SR.

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

1601 N. Pearl St.

Suite, Apt. #, Etc.

Jax

City

Jax

State

FL

Zip Code

32206

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

Ronald E. Walker

Date

3/31/03

REGISTERED AGENT MUST SIGN

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	Ronald E. Walker	1601 N. Pearl St.	Jax FL 32206
VT	Vatena E. Walker	1601 N. Pearl St.	Jax FL 32206
S	Elvener L. Bailey	1242 W. 29 th St.	Jax FL 32209
T	Dexter Bailey Jr.	1242 W. 29 th St.	Jax FL 32209
T	Robney Malone	2616 Walnut St.	Jax FL 32206
T	Patricia Malone	2616 Walnut St.	Jax FL 32206

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:

Ronald E. Walker

SIGNATURE AND TITLES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

352-5011 (904)

Daytime Phone #

CR2E081 (10/02)