

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 05, 2002 8:00 A.M
Secretary of State

DOCUMENT # **N97000004252**

1. Corporation Name

HARVEST HOUSE MINISTRIES INC.

Principal Place of Business

5820 N UNIVERSITY DR
FORT LAUDERDALE FL 33321

Mailing Address

5820 N UNIVERSITY DR
FORT LAUDERDALE FL 33321



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/24/1997

5. FEI Number

65-0783425

Applied For

Not Applicable

6. 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	4 City / State / Zip
TRUS	BROWN, CANDACE "D"	5305 NW 70TH AVE	LAUDERHILL FL 33319
TRUS	WEBB, DAVE "D"	5305 NW 70TH AVE	LAUDERHILL FL 33319
TRUS	BEPKO, JON "D"	5305 NW 70TH AVE	LAUDERHILL FL 33319
T	FRIDLATER, AUSTIN "D"	680 NW 43RD AVE	PLANTATION FL 33317
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8. Name and Address of Current Registered Agent

BEPKO, JON P
5305 NW 70TH AVE
LAUDERHILL FL 33319

9. Name and Address of New Registered Agent

Name Emily Webb
Street Address (P.O. Box Number is Not Acceptable)
4121 NW 33rd Way
Suite, Apt. #, Etc.
City Ft. Lauderdale State FL Zip Code 33309

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Emily Webb

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/1/02

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., 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:

Emily Webb
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/02 954-254 7866

CR2E040 (8/02)