

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 FEB 26 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 801A00064974

1. Corporation Name

N97000005058

Little Sanctuary House of Praise

2. Principal Office Address

1137 East 14th St

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32206

Country

United States

3. Mailing Office Address

1137 East 14th St

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32206

Country

United States

REINSTATEMENT 2000-2002

4. Date Incorporated or Qualified
To Do Business in Florida

9/5/97

5. FEI Number

59-3482525

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Norma Collins

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

1137 East 14th St

Suite, Apt. #, Etc.

Jacksonville

City

Jacksonville

4000005108404-0

-03/14/02--01060--024

****367.50 ****367.50

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

Norma Collins

REGISTERED AGENT MUST SIGN

Date 1/22/02

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
D	Coley Collins	1137 East 14 th St	Jacksonville, FL 32206
S	Norma Collins	1137 East 14 th St	Jacksonville, FL 32206
T	Keyshona Charles	1137 East 14 th St	Jacksonville, FL 32206
D	Norma Collins	1137 East 14 th St	Jacksonville, FL 32206
D	Keyshona Charles	1137 East 14 th St	Jacksonville, 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:

Norma Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/02 (904) 598-9288

Daytime Phone #

CR2E081 (9/00)