

PLEASE READ ALL INSTRUCTIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 21 AM 11:08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000004096**

1. Corporation Name

THE APOPKA HOUSE OF PRAYER + FAITH INC.

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

1244 Elinore Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32808

Country

Orange

Zip

Country

7. Name and Address of Current Registered Agent

Name

Dotsey Mays

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

4410 Watch Hill Rd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

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

Dotsey Mays

REGISTERED AGENT MUST SIGN

Date

7/16/10

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/O	Dotsey Mays	4410 Watch Hill Rd	Orlando, FL 32808
D/Treasurer	Elizabeth August	1244 Elinore DR.	Orlando, FL 32808
Sec	Victoria Gardner	422 millenia Blvd.	Orlando, FL 32808
D/VP	Lashay P Carter	4410 Watch Hill Rd	Orlando, FL 32808
Deacon	Vincent Burtree	134 Drexel Ave	Orlando, FL 32808
VDeacon	Diane Burtree	134 Drexel Ave	Orlando, FL 32808

10. E-mail Address: **4940097@yahoo.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., 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.

SIGNATURE:

Dotsey Mays

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/16/10

Daytime Phone #

407-953-7320

REINSTATEMENT 06-10

200180564482

05-21-10 01009 026 \$185.00

CR2E081 (4/10)

Secretary of State

4. Date Incorporated or Qualified
To Do Business in Florida.

4/6/2005 S. Wum

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

**\$5.75 Additional Fee required
for a Certificate of Status**

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**05/07/10 01037 008 \$250.00
05/07/10 01037 007 56.25**

KS