PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Corporation Name

SMITH TEMPLE HOUSE OF PRAYER INC.

Principal Place of Business	Mailing Address
P.O. BOX 918 WOODVILLE FL 32362 591 Mc Nair Rd. Havana FL 323333	P.O. BOX 918 WOODVILLE FL 32362 591 Mc. Nair Rd. Havana FL 323333

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

REINSTATEMENT 1999

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: TAX ID NO— 11/03/1998

5. FEI Number: 59-32-19554 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	ELLIS, JERRY	P.O. BOX 918 N/A 591 Mc Nair Rd.	WOODVILLE FL 32362 Havana FL 323333
D	SMITH, ANNIE PEARL	P.O. BOX 918 N/A 591 Mc Nair Rd.	WOODVILLE FL 32362 Havana FL 323333
D	DAVIS, LILLIE B	P.O. BOX 918 N/A 591 Mc Nair Rd.	WOODVILLE FL 32362 Havana FL 323333
D	TURPE, S. MAREIA	P.O. BOX 918 N/A 591 Mc Nair R	WOODVILLE FL 32362 Havana FL 323333
D	COPLAND, S.	P.O. BOX 918 N/A 591 Mc Nair Rd	WOODVILLE FL 32362 Havana Fla. 323333

8. Name and Address of Current Registered Agent

DAVIS, BISHOP ROZELL Presiding Bishop
9727 SPRING DR. ESTATE B. Rozell Davis new address 591 Mc Nair Rd. Havana 32333
WOODVILLE FL 32362

9. Name and Address of New Registered Agent

Name: Presiding Bishop And Founder Bench 19
Street Address (P.O. Box Number is Not Acceptable): Turen Creek Mc Nair Rd Havana
Suite, Apt. #, Etc.: 591 Mc Nair Rd.
City: Havana State: FL Zip Code: 323333

(see back)

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.

Signature of Registered Agent: ROZELL DAVIS REQUIRED Date: _____
REGISTERED AGENT MUST SIGN

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: ROZELL DAVIS REQUIRED 11-10-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #