

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

11/26/02 01:00 PM 01004004

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11/26/02--01004--004 **61.25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006791

1. Corporation Name

House of Prayer Economic Development,
INC.

2. Principal Office Address

801 2nd Street

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33805

Country

POIK

3. Mailing Office Address

919 W. 9th Street

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33805

Country

POIK

4. Date Incorporated or Qualified
To Do Business in Florida

25 Nov. 1998

5. FEI Number

693544347

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Walter J. Wright

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

919 W. 9th Street

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33805

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

Walter J Wright

REGISTERED AGENT MUST SIGN

Date 11/21/02

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
Dir, Pres.	Walter J. Wright	919 W. 9th Street	Lakeland, Fl. 33805
Dir.	Lisa Wright	919 W. 9th Street	Lakeland, Fl. 33805
Dir.	Rudy "Danny" Rogers	803 McK. Jr. Blvd. East	Plant City, Fl. 33563

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:

Walter J Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/02 686-2421

Date

Daytime Phone #

CR2E081 (9/01)

statement of waiver

Our organization is asking for a
Late fee Reinstatement waiver
due to our organization not
Receiving the Uniform Business
form.

Respectfully Submitted,

Walter S Wright.