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

DOCUMENT # N99000000905

1. Corporation Name

THE ABUNDANT LIFE HOUSE OF PRAYER INC.

Principal Place of Business	Mailing Address
638 LINWOOD AVE JACKSONVILLE FL 32206	638 LINWOOD AVE JACKSONVILLE FL 32206

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

08/08/00 90097021 #61.25

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 2024 Edgewood Ave N.	Suite, Apt. #, etc. 481 Golfair Blvd.
City & State Jacksonville Florida	City & State Jacksonville, Florida
Zip 32206 Country Duval	Zip 32206 Country Duval

4. Date Incorporated or Qualified To Do Business in Florida: 02/10/1999

5. FEI Number [redacted] 59-357-6581 — X 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
T Pastor	T Eld. Arbie J. Clark Jr.	T 481 Golfair Blvd.	Jacksonville, Fl. 32206
T Treasurer	T Mrs. Mary L. Clark	T " " "	" " "
T Secretary	T Ms. Christina Brice	T 624 Linwood Ave.	" " " "
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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CLARK, ARBIE J JR 638 LINWOOD AVE JACKSONVILLE FL 32206	Name: Eld. Arbie J. Clark Jr. Street Address (P.O. Box Number is Not Acceptable): 481 Golfair Blvd. Suite, Apt. #, Etc.: City: Jacksonville State: FL Zip Code: 32206

CR2E040 (8/00)

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: Eld. Arbie J. Clark SIGNATURE REQUIRED — Date: 10-26-2000
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: Eld. Arbie J. Clark SIGNATURE REQUIRED — 10-26-2000 — (904) 632-0706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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