## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Hagris

Secretary of State DIVISION OF CORPORATIONS

## 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 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.				08/08/00 90097 021 \$461, 25				
2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     02/10/1999					
Suite, Apt. #, etc. 2024 Edge wood he N Suite, Apt. #, etc. 48/ Golfair Blvd		fair Blud.	5. FEI Number	59-357-65		Applied Fo	or or	
City & State City & State	ck sonvil	le Florida	6.			Not Applic	able	
Zip a a a 4 Country Zip a	06 Cou	Duval	-	OF STATUS DESIRED	8.75 Addition	nal Fee rec cate of Sta	quired atus	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)								
Title(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3		City / State / Zip				
Paster EH. Arbie J. Clark Jr.	T 481	Golfair T	olvd,	Jacksonv	ille, FJ.	.321	06	
Treasurer Mrs. Mary L. Clark	T 1,	·,	13	7)	,,	",		
Secretary Ms. Christina Brice	T 621	Linwa	d Are.	15	1)	ر ا	"	
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8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent					
			RIA. Arbie J. Clark Tr.					
CLÁRK, ARBÍE TIJR 638 LINWOOD AVE	1 1 4 1 6	Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32206		Suite, Apt. #, Etc.	ilati Di	IV &.			-	
		City Jacks	onville	Sta	ate Zip Cod L 32.	206		
10. I, being appointed the registered agent of the above named corporation of Rigistered Agent REGISTERED AG	oration, am familian	with and accept the ob	oligations of Section	Date 10-26	- 200	00		
11. I certify that I am an officer or director or the receiver or trustee en this reinstatement application, the reason for dissolution has been owed by the corporation have been paid and the names of individ	eliminated, the co	rporate name satisfies	the requirements of	of section 607,0401 or 617	.0401, F.S., 1	that all fee:	s i	

D-25-2000 (904) 632-0706

Daylime Phone #

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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