

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # N99000001844

1. Corporation Name

JESUS HOUSE OF PRAYER, INC.

00 OCT 19 PM 12:55

Principal Place of Business

Mailing Address

9516 ABERDARE AVE.  
JACKSONVILLE FL 32208

9516 ABERDARE AVE.  
JACKSONVILLE FL 32208



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3632848

Not Applicable

Zip

Country

Zip

Country

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
PD	JOHNSON, ROBERT E	9516 ABERDARE AVE.	JACKSONVILLE FL 32208
VD	JOHNSON, MATTIE L	9516 ABERDARE AVE.	JACKSONVILLE FL 32208
SD	GREENE, REGINA W	2600 AET MUSEUS DR., APT. 75	JACKSONVILLE FL
TD	GREENE, DANNY S	2600 ART MUSEUM DR., APT. 75	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, ROBERT E  
9516 ABERDARE AVE.  
JACKSONVILLE FL 32208

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Robert E. Johnson*  
REGISTERED AGENT MUST SIGN

Date

10/18/2000

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:

*Mattie Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/00

9516 ABERDARE AVE.  
JACKSONVILLE, FL 32208  
(904) 766-0658

OCTOBER 17, 2000

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: INCORPORATION OF JESUS HOUSE OF PRAYER, INC.

GENTLEMEN:

IN JULY 2000, WE MAILED TO YOU - APPLICATION AND FEE FOR INCORPORATION OF JESUS HOUSE OF PRAYER, INC. ALSO SENT WAS INCORPORATION FEE.

OUR CORRECT FEDERAL I.D. NUMBER APPEARED ON THIS APPLICATION. HOWEVER, WE HAVE BEEN INFORMED THAT YOU NEED THIS NUMBER. WE ARE HEREWITH SUBMITTING THIS NUMBER TO YOU AGAIN. CORRECT NUMBER IS 59-3632848. SINCE THIS FEE WAS ALREADY PAID, THIS LETTER WAIVES ANY ADDITIONAL FEE IN CONNECTION WITH THE ORIGINAL FILING.

WE WOULD APPRECIATE YOUR EXPEDITING THIS APPLICATION AND SENDING OUR CORPORATION PAPERS AS SOON AS POSSIBLE.

THANKS IN ADVANCE FOR ANY ASSISTANCE RENDERED.

YOURS SINCERELY,

MATTIE L. JOHNSON  
VICE-PRESIDENT