

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 JAN 31 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **N99000004510**

1. Corporation Name

The Upper Room of Prayer Outreach Ministry Inc

2. Principal Office Address

Enid Micklewhite

Suite, Apt. #, etc.

5851 SW 23rd St

City & State

Florida Miramar

Zip

33023

Country

Hollywood

3. Mailing Office Address

6300 SW 34 Court

Suite, Apt. #, etc.

City & State

Miramar, Florida

Zip

33023

Country

Miramar

4. Date Incorporated or Qualified To Do Business in Florida

11/99

5. FEI Number

N/A

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

Isadora Mackey

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

1520 NW 4th Ave

Suite, Apt. #, Etc.

Apt 17B

City

Miami

State
FL

Zip Code

33136

REINSTATEMENT *2000-01*
MJM

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

I Mackey

REGISTERED AGENT MUST SIGN

Date

1-15-01

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
<i>(D) Director</i>	<i>Enid Micklewhite</i>	<i>6300 SW 34ct, miramar</i>	<i>Florida 33023</i>
<i>(T) officer</i>	<i>Lovern Micklewhite</i>	<i>6300 SW 34ct miramar</i>	<i>Florida 33023</i>
<i>(D) officer</i>	<i>Candy Hannan</i>	<i>6300 SW 34ct Miramar</i>	<i>Florida 33023</i>

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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:

Enid Micklewhite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1-15-01*

Daytime Phone # *954-894-2659*

CR2E081 (9/00)