

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

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

Isadora Mackey

Date

1-15-01

REGISTERED AGENT MUST SIGN

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
(D) Director	Enid Micklewhite	6300 SW 34ct, miramar	Florida 33023
(T) Officer	Lovern Micklewhite	6300 SW 34ct miramar	Florida 33023
(D) Officer	Candy Hannan	6300 SW 34ct Miramar	Florida 33023

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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

1-15-01

Date

954-894-2659

Daytime Phone #

CR2E081 (9/00)