PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -7 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005365

1. Corporation Name
WHITEHOUSE ASSEMBLY OF GOD., INC.

135 S. CHAFFEE RD
135 S. CHAFFEE RD

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
135 S. CHAFFEE RD		135 S. CHAFFEE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JACKSONVILLE		City & State: FL	
Zip: 32220	Country: DUVAL	Zip:	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 9/02/1999

5. FEI Number 593139378 ☐ 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: CHARLES L. LEWIS. SR.

Street Address (P.O. Box Number is Not Acceptable): 11025 W. BEAVER ST.

100038844581
07/07/04--01072--012 **306.25

306.25

Suite, Apt. #, Etc.: #73

City: JACKSONVILLE | State: FL | Zip Code: 32220

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: Charles L. Lewis — REGISTERED AGENT MUST SIGN — Date: 6-30-04

CR2E081 (01/04)

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
P	CHARLES L. LEWIS, SR.	11025 W. BEAVER ST., #73	JACKSONVILLE, FL 32220
VD	JOHN ZANDER	431 NORTH CELERY AVENUE	JACKSONVILLE, FL 32220
SD	LENORE DUNAWAY	18881 CARTER RD.	JACKSONVILLE, FL 32234
TD	LETRICIA MCINARNARY	7585 CAHONE COURT	MACCLENNY, FL 32063
D	CURTIS R. NOWLIN	1780 S. CHAFFEE ROAD	JACKSONVILLE, FL 32221
D	VERNON CHESTER	195 ADDOR LANE	JACKSONVILLE, FL 32220

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: Lenore Dunaway — 6/30/04 — (904)278-3765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #