

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000006280**

1. Corporation Name

**THE POTTER'S HOUSE EXALTING PRAISE OUTREACH MINISTRIES, INC.**

Principal Place of Business

P.O. BOX 1222  
CHIEFLND FL 32644

Mailing Address

P.O. BOX 1222  
CHIEFLND FL 32644



**REINSTATEMENT** 02

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/1999

5. FEI Number

59-3619364

Applied For

Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PID	HAYES, LANCE A	207 SW 4TH STREET	CHIEFLND FL 32644
VPD	HAYES, MINNIE F	207 SW 4TH STREET	CHIEFLND FL 32644
FST	MCMINNS, VERNESIA	217 SW 10TH CIRCLE	CHIEFLND FL 32644
RST	MACON, GAIL	307 SW 2ND STREET	CHIEFLND FL 32644

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11/05/02--01053--016 \*\*236.25

8. Name and Address of Current Registered Agent

HAYES, LANCE A

~~206 S.W. 4TH ST.~~ 217 SW 4<sup>TH</sup> ST.  
CHIEFLND FL 32644

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/30/02

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02  
Date

(352) 493-2683  
Daytime Phone #

CR2E040 (8/02)