

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000107038

1. Entity Name
HOUSE OF GLORY, INC.



06 OCT 2006 1:28

Principal Place of Business
8201 ABBEYFIELD DR
JACKSONVILLE, FL 32277

Mailing Address
8201 ABBEYFIELD DR
JACKSONVILLE, FL 32277



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

REINSTATEMENT 20-0199396 (11/05) 06

4. FEI Number
20-0199396

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILCOX, ALMA C
8201 ABBEYFIELD DR
JACKSONVILLE, FL 32277

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
WILCOX, ALMA C
8201 ABBEYFIELD DR
JACKSONVILLE, FL 32277

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10/24/06--01008--003 **150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Sec.
PULLINS, NEKITA
3750 UNIVERSITY CLUB BOULEVARD #1504
JACKSONVILLE, FL 32277

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alma C. Wilcox

10/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT 24 2006