

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthahn
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 MAR 25 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 96000002477

1. Corporation Name

THE TRUE HOLINESS CHURCH OF LOVE, INC.

Principal Place of Business

Mailing Address

6504 N. MERIDIAN RD.
TALLAHASSEE, FL 32312

6504 N. MERIDIAN RD.
TALLAHASSEE, FL 32312

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-9-1996

5. FEI Number

59-3381223

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	FOUTZ, LORNA	6504 N. MERIDIAN RD.	TALLAHASSEE, FL32312
VD	RORY, FRED	5036 FORT ROAD	GREENWOOD FL32443
SD.	ROBINSON, ELSIE	1894 OAKRIDGE RD.	TALLAHASSEE, FL32311
TD	BLAKE, WILLIE C	6100 WOODVILLE, HWY.	TALLAHASSEE, FL32311
SD	SETTLES, YOLANDA R	405 MERCURY DR.	TALLAHASSEE, FL32310
TD	HUNTER, CHRISTINE	1544 LIETZ RD.	TALLAHASSEE, FL32310

8. Name and Address of Current Registered Agent

WOOLFORK, ROBERT
THE MURPHY HOUSE
317E. PARK AVE.
TALLAHASSEE FL32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600002473516-3

03/31/98-01043-005

****297.50 ****297.50

State

Zip Code

FL

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.

Signature of
Registered Agent

Robert Woolfork

REGISTERED AGENT MUST SIGN

Date

3/23/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Lorna Foutz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORNA FOUTZ

Date

Daytime Phone #

850-668-3297

CR2E040 (1/98)