

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**

**REINSTATEMENT** 97-98  
 6/25/98

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  
**5-9-1996**

5. FEI Number  
**59-3381223**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
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)  
**600002473516-3**  
 Suite, Apt. #, Etc.  
**-03/31/98-01043-005**  
 City  
**\*\*\*\*297-50 State \*\*\*\*297-50**  
**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.

Signature of Registered Agent: *Robert Woolfork* Date: **3/23/98**  
 REGISTERED AGENT MUST SIGN

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* President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LORNA FOUTZ**  
 Date: **850-668-3297** Daytime Phone #

CR2ED40 (1/98)