

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 APR 30 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N97000005354**

1. Corporation Name

**TRUE Holiness of worship, INC.**

2. Principal Office Address - No P.O. Box #

**220 S. PARAMORE ST**  
Suite, Apt. #, etc.

City & State

**Orlando, FL**

Zip Country

**32805**

3. Mailing Office Address

**P.O. BOX 555710**  
Suite, Apt. #, etc.

City & State

**Orlando, FL**

Zip Country

**32855**

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

**9/18/1997**

5. FEI Number

**593708395**

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

**Lillian Mobley**

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

**1903 Rex Hill DR**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32839**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**4/20/07**

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
PD	Lillian Mobley	4909 Polaris st.	Orlando, FL 32819
D	William Bridges	4909 Polaris st.	Orlando, FL 32819
Soco	Catherine Hayes	4684 Edge moore st.	Orlando, FL 32811
			400103029474 05/22/07--01042--005 **\$1.25
			1/5/07 01046 001
			\$122.50

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

**4/20/07**

Daytime Phone #

**910-9036**