

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 31 PM 12:08

DOCUMENT # *N99000006392*

1. Corporation Name

HOLY ONE ASSEMBLY, INC.

2. Principal Office Address

501 E. TENNESSEE ST.

3. Mailing Office Address

Suite, Apt. #, etc.

E

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32308

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/14/2001

5. FEI Number

59-3599778

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

DEMETRIUS A. COVEY

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

2415 DSA RD #811

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

*600010133606
01/15/03--01066--012 **122.5*

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

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
<i>DP</i>	<i>COVEY, DEMETRIUS A.</i>	<i>2415 DSA RD #811</i>	<i>TALL, FL 32301</i>
<i>D</i>	<i>COVEY, ELICIA A.</i>	<i>SAME AS ABOVE</i>	<i>DITTO</i>
<i>D</i>	<i>GOULD, TRINGMA</i>	<i>7985 country RD.</i>	<i>CRAWLEY, GA</i>

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

12/31/02

TO WHOM IT MAY CONCERN:

WE, THE HOY DNE ASSEMBLY, ASK THAT YOU WAIVE THE RE-INSTANTMENT FEE FOR
OUR CORPORATION. REASON BEING, WE DID NOT RECEIVE ANY NOTIFICATION TO RENEW
OUR INCORPORATION PAPERS. IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT
(50) 222-0999.

St. Anthony,
DAC

DOMENAS A. COLES,
Pastor, Pres. & CEO