

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # N32995

1 Corporation Name

First Pentecostal Holiness Church of Clearwater Inc.

Principal Place of Business

1555 Scranton Ave.
Clearwater, Fl. 34616

Mailing Address

1553 Scranton Ave.
Clearwater, Fl. 34616

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

July 30, 1990

5. FEI Number

59-2882792

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Garnet Blakley (Rev.)	1553 Scranton Ave.	Clearwater, Fl. 34616
D	Vicky Blakley	1553 Scranton Ave.	Clearwater, Fl. 34616
D	Chris Blakley	817 Woodlawn St.	Clearwater, Fl. 34616

000002184080-6
-05/19/97--01190--014
***665.00 ***665.00

JB5-15-97

8. Name and Address of Current Registered Agent

Pastor Garnet Blakley
1553 Scranton Ave.
Clearwater, Fl. 34616

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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

REGISTERED AGENT MUST SIGN

Date May 31/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. W. Blakley

03/31/97

Date

Daytime Phone #

(813) 443-4943

CR2E040 (12/96)