

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766402

1. Corporation Name

LOVE CENTER HOLINESS CHURCH OF THE LIVING GOD, INC.

2. Principal Office Address

151 TENTH STREET

3. Mailing Office Address

P. O. BOX 237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APALACHICOLA, FL

City & State

APALACHICOLA, FL

Zip

32320

Country

FRANKLIN

Zip

32329

Country

FRANLIN

4. Date Incorporated or Qualified

To Do Business in Florida JANUARY 3, 1983

5. FEI Number

59-2861034

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

SHIRLEY C. WHITE

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

148 AVENUE M

Suite, Apt. #, Etc.

City

APALACHICOLA7

State

FL

Zip Code

32320

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

Shirley C. White

REGISTERED AGENT MUST SIGN

Date

3/28/04

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	SHIRLEY C. WHITE	148 AVENUE M	APALACHICOLA, FL 32320
VD	ROBERT L. DAVIS	214 AVENUE K	APALACHICOLA, FL 32320
SD	ELLA B. SPEED	183 13TH STREET	APALACHICOLA, FL 32320
TD	ALICE D. JOSEPH	243 12TH STREET	APALACHICOLA, FL 32320
D.	GLADYS BEAMAN	148 AVENUE M	APALCHICOLA, FL 32320
D.	SHEILA MARTIN	183 12TH STREET	APALACHICOLA, FL 32320

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)(f), 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:

Shirley C. White Shirley C. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/2004

Date

850-653-2203

Daytime Phone #

FILED
04 MAR 29 AM 8:16
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

CR2E081 (01/04)