	PLEASE READ	ALL INS	TRUCTIONS	BEFORE (	COMPLET	ING THIS FORM	ń.
APPLICATION FLORIDA DEPARTMENT OF STATE  FOR Smith  Secretary of State  DIVISION OF CORPORATIONS					$\neg$		
DOCUMENT # 704256  1. Corporation Name					02 OCT 29 PM 1:41		
ALL SAINTS HOLINESS CHURCH OF APOSTOLIC FAIT				FAITH, I	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address				·	1		
			TH D STREET A FL 32501				
If above addresses are incorrect in any way, line through incorrect in any way, line t			iling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/06/1962  5. FEI Number 27-1404148 Applied For Not Applicable		
Zip Country Zip Zip			Country		6. CERTIFICATE	E OF STATUS DESIRED S	3.75 Additional Fee require 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)				eet Address of Each ficer and/or Director		City / S	State / Zip
P	TYSON, GLORIA D	1304 ROOSEVELT DRIVE			PANAMA CITY FL 32401		
T	BREWER, JESSIE L	1703 W. BRAINERD ST			PENSACOLA FL		
VP	LOCKE, ELMORE III	1100 North M"st			PENSACOLA FL 32501		
T	LOCKE, LAKEISHA E	1114 NORTH "D" STREET			PENSACOLA FL 32501		
T	BREWER, JOHNNIE	1703 W BRAINERD ST			PENSACOLA FL		
S	FRANKLIN, ANTHONY A		3515 LABORDA LANE			PENSACOLA FL	
8. Name and Address of Current Registered Agent					9. Name and A	ddress of New Registered	Agent
TYSON, GLORIA D				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
PANAMA CITY FL 32401				000008672340 Suite, Apt. #, Etc. 10/29/02=-01113=-U16 **70,00			
			City		State 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. or 617:0505, F.S.							
Signature of PERMIRED  Date 10-23-07  REGISTERED AGENT MUST SIGN							

11. 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 filling 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: (

D whom it may concern, the address should have been listed under 1304 Horsevelt Or, Kanama City Florida 32401 at the church there left instead the reinstatement notice came to the Church here in Vinsacola W did not recieve the first two notices at 1112 North W St. nor at 1304 Karswelt In just the reinstatement notice Can you please make changes on these addresses? Thank You, Bishop Elmore Looke III