

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 JUN 26 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716877

1. Corporation Name

The Highway Holiness Church of Christ
of the Apostile, Inc.

2. Principal Office Address

2404 N.W. 20th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33311

Country

USA

3. Mailing Office Address

165 N.W. 15th Street

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33060

Country

USA

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

51-0182650

☒ 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

Ralph Grissett

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

165 N.W. 15th Street

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

400076724194

06/29/06--01052--009 **351.75

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

Ralph Grissett
REGISTERED AGENT MUST SIGN

Date

6-24-06

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
DP	Grissett, Bishop R.	165 N.W. 15 th Street	Pompano Beach, FL 33060
D	Giles, Deacon L.	2208 N.W. 20 th Street	Ft. Lauderdale FL 33311
D	Green, Deacon F. Jr	424 N.E. 2 nd Street	Baynton Beach FL 33435
DV	Grissett, Ida Mae	165 N.W. 15 th Street	Pompano Beach FL 33060
DT	Grissett, Deacon C	2801 N.W. 6 th Street	Pompano Beach FL 33060
T	Grissett, Christine T	871 N.W. 6 th Ave #4	Pompano Beach FL 33060

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:

Ralph Grissett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-06

Date

954-254-3521

Daytime Phone #

6/28/06