

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731976

1. Corporation Name

THE TRUE WITNESS OF HOLINESS CHURCH, INC.

Principal Place of Business

4303 N.W. 22ND CT.  
MIAMI FL 33142-4669

Mailing Address

4303 N.W. 22ND CT.  
MIAMI FL 33142-4669

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/1975

5. FEI Number

59-1637857

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WOODS, JAMES	2468 MAIL STREET	HOLLYWOOD FL
D	WOODS, DARIN	1515 NW 180 TERR.	MIAMI FL
SD	WOODS, LAVERNE	4331 21 STREET	MIAMI FL
D	WOODS, EMMA	4331 S.W. 21ST STREET	WEST HOLLYWOOD FL
D	WOODS, ISAAC	4331 SW 21ST ST	W HOLLYWOOD FL
200009294998 12/02/02--01039--005 **236.25			

8. Name and Address of Current Registered Agent

WOODS, WILLIE E.  
4331 S.W. 21ST ST.  
W. HOLLYWOOD FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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 Registered Agent Willie E. Woods SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/25/02

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 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:

Darin Woods REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/25/02 305-  
528-3380

CR2E040 (8/02)