PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATAC STATEME	5 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	Secretary	MENT OF State RPORATIONS	–	0		ILEI 21 PM	.,		
DOCUMENT # 737332 1. Corporation Name St peter upon This Rock Holiness Church, Inc							SECNETARY OF STATE TALLAHASSEE. FLORIDA					
								RENSTATEMENT <u>of os</u>				
134 0		C+ 32351	3. Mailing Office Address: V, POBOX 1354 480 Holly CIV, POBOX 1354 Quincy, FL 32353				CR2E081 (8/05)					
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.				4. Date Incorporated or Qualified 11-17-76					
City & State		<i></i>	City & State				To Do Business in Florida 5. FEI Number Applied For					
Zip 323		FL 32351 Country U.S.	2ip 3235	rcy,	Country	3 <i>3 /</i> S	6. CERTIFICATE	OF STATU	S DESIRED X	\$8.75 Additiona for a Certifica		
7. Name and Address of Current Registered Agent												
	Name Leyoy Kelly Street Address (P.O. Box Number is Not Acceptable) 480 Holly Civ Suite, Apt. #, Etc. City Quincy. State Zip Code FL 32351										600 -	
8. 1, 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												
9. Names	REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Titles	u 0 0 1 1 1 1 1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director				City / State / Zip					
PD	Elder Matthew Kolly			125 Perry Lane				Havana, FL 32333				
TD	Elder	willie J. je	Jamieson Rd				Quincy, FL 32351					
T	Elder	Elijah K	391 J+J Lane				Quincy, FL 32351					
5	Ali	ce Kell	480 Holly Cir			Quincy, FL 32351						
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 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: SIGNATURE:												
CIGNAI		NATURE AND TYPED OR PR	INTED NAME OF	SIGNING OFFI	CER OR DIRECT	OR		Date		Daytime Phone #		

Quincy, Florida

(850) 627-7709 134 Willow Court Quincy, FL 32351

Elder Leroy Kelly *Pastor*

We didn't receive the 2001 Annual report Statement.

Lewytelly