

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 FEB -8 PM 4: 13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **741524**

1. Corporation Name

**MISSIONARY EVANGELIST OUTREACH CENTER HOLINESS  
CHURCH, INC.**

Principal Place of Business

Mailing Address

1766 N.W. 95 STREET  
MIAMI FL 33147

1766 N.W. 95 STREET  
MIAMI FL 33147



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/03/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0028303

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	KEMP, JOHNNY L	3950 N.W. 177TH STREET	CAROL CITY FL
VP	KEMP, PATTY L	3950 NW 177TH ST	CAROL CITY FL
CD	LEWIN, NICKY	3011 LUCERNE WAY	MIRAMAR FL
SD	MORTIMER, CHRISTINE	4230 NW 173 DR	CAROL CITY FL
TD	JACKSON, BRENDA	14701 NE 8TH AVE	N MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACKSON, BRENDA 14701 NE 8TH AVE APARTMENT 214 N MIAMI FL 33161	Name	SAME AGENT	
	Street Address (P.O. Box Number is Not Acceptable)	SAME ADDRESS	
	Suite, Apt. #, Etc.	NO APARTMENT NUMBER	
	City	SAME CITY	State
		Zip Code	SAME

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.

Signature of Registered Agent

*Brenda Jackson*  
REGISTERED AGENT MUST SIGN

Date

2/4/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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:

*Brenda Jackson TD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENDA JACKSON

2/4/99

(305) 693-1534  
Date: Daytime Phone #

CR2E040 (9/98)