

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 26 AM 10:34

DOCUMENT # 752468

1. Corporation Name

The First Independent all Nations Gospel
Holy Church of God, No. 2, of Escambia
County, Florida, Inc.

2. Principal Office Address

1014 North "L" Street

Suite, Apt. #, etc.

City & State

Pensacola, FL 32501

Zip
32501

Country
Escambia

3. Mailing Office Address

7900 Irving Avenue

Suite, Apt. #, etc.

City & State

Pensacola, FL 32534

Zip
32534

Country
Escambia

REINSTATEMENT 84-00

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/80

5. FEI Number

X

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

Lillie Knight

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

7900 Irving Avenue

Suite, Apt. #, Etc.

City

Pensacola

State
FL

Zip Code
32534

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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

Per Lillie Knight
REGISTERED AGENT MUST SIGN

Date 6/23/00

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
P/D	Lillie Knight	7900 Irving Avenue	Pensacola, FL 32534
ST/D	John Knight	7900 Irving Avenue	Pensacola, FL 32534
D	Roosevelt Baker	512 East DeSoto Street	Pensacola, FL 32501
D	Tennie B. Brewer	1723 East DeSoto Street	Pensacola, FL 32501
D	Betty B. Cesar	1723 East DeSoto Street	Pensacola, FL 32501

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 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:

Per Lillie Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/00

Date

(850) 433-5133

Daytime Phone #

CR2E081 (9/99)