

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 FEB 27 PM 3:09


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600089982256

03/02/07--01004--005 \*\*297.50

01/25/01 90136 028 \$61.25  
11/20/06 01061 014 \$8.75  
11/20/06 01061 013 \$236.25  
CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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 - No P.O. Box # <b>1014 NORTH "L" ST</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>1014 NORTH "L" STREET</b> Suite, Apt. #, etc.	
City & State <b>PENSACOLA, FL 32501</b>		City & State <b>PENSACOLA, FL 32501</b>	
Zip <b>32501</b>	Country <b>ESCAMBIA</b>	Zip <b>32501</b>	Country <b>ESCAMBIA</b>

4. Date Incorporated or Qualified To Do Business in Florida  
**5/13/1980**

5. FEI Number  
**59-3721744**

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)  
**1609 W GONZALEZ ST**  
Suite, Apt. #, Etc.

City  
**PENSACOLA**

State  
**FL**

Zip Code  
**32501**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Lillie Mae Knight* Date 2/22/07  
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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	LILLIE KNIGHT	1609 W GONZALEZ ST	PENSACOLA, FL 32501
ST/D	JOHN KNIGHT	1609 W GONZALEZ ST	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 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: *Lillie Mae Knight* **LILLIE KNIGHT** Date 2/22/2007 850-437-9876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/28/07