

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **760147**

1. Corporation Name

TRUE HOLINESS CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1723
326 E. CHARLOTTE AVE.
PUNTA GORDA FL 33950

P.O. BOX 1723
326 E. CHARLOTTE AVE.
PUNTA GORDA FL 33950

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

09/23/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0199490

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	BLANDING, ALTO	311 CAPRI ISLES CT	PUNTA GORDA FL 33950
VD	BLANDING, BEVERLY	311 CAPRI ISLE CT	PUNTA GORDA FL 33950
SD	OLIVER, ERLNEE	527 CRANDALL ST NW	PORT CHARLOTTE FL 33952
T	HICKS, JULIA	433 ABURTO LANE	PORT CHARLOTTE, FL 0

100023916041

10/17/03--01032--005 **70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLIVER, EARLENE T
527 CRANDALL ST NW
PORT CHARLOTTE FL 33952

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

Earlene Oliver
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

Earlene Oliver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03 940-635-5000

10/15/03

Dear Sue
We did not receive
any other notice for our
Renewal.

Thank you
Irene Holness
Chase