PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAY -4 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762928

1. Corporation Name
MT. OLIVE HOLINESS CHURCH, INC.

2. Principal Office Address
8400 N.W. 22nd Ave
Suite, Apt. #, etc.
N/A
City & State
Miami, Florida
Zip 33147 Country Dade

3. Mailing Office Address
700 N.W. 203 Street
Suite, Apt. #, etc.
N/A
City & State
Miami, FL
Zip 33168 Country Dade

4. Date Incorporated or Qualified To Do Business in Florida 04/14/82

5. FEI Number 05-0389600 ☐ 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
Willie L. Smith
Street Address (P.O. Box Number is Not Acceptable)
700 N.W. 203rd Street
300004271753--5
-05/18/01--01090--018
****673.75 ****673.75
Suite, Apt. #, Etc.
N/A
City
Miami,
State FL Zip Code 33168

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 Rose Willie Smith
REGISTERED AGENT MUST SIGN
Date 4-30-2001

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	Smith, Willie L.	700 NW 203 Street	Miami, FL 33168
V/D	Smith, David	3040 N.W. 97th Street	Miami, FL 33147
S/D	Best, Maria	1995 NW 82nd Court	Miami, FL 33015
		REINSTATEMENT 94-0178	

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. 305-505-7106

SIGNATURE: Rose Willie Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-30-2001
Daytime Phone #

CR2E081 (9/00)