

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 762928 1. Entity Name MT. OLIVE HOLINESS CHURCH, INC.					
Principal Place of Business 8400 N.W. 22ND AVE MIAMI, FL 33147			Mailing Address 700 N.W. 203 STREET MIAMI, FL 33169		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-0389600	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, WILLIE L 700 N.W. 203RD STREET MIAMI, FL 33168			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, WILLIE L 700 NW 203 STREET MIAMI, FL 33168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDERSON, AMY G 18310 N.W. 37TH AVE MIAMI, FL 33163	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDERSON, AMY G 8400 N.W. 15th AVE - UL MIAMI, FL 33147 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEST, MARIA 19951 NW 82ND COURT MIAMI, FL 33015	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEST, MARIA 19951 N.W. 82ND COURT MIAMI, FL 33015 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	07519	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000102931730	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/21/07-01017-001	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000102931730 05/21/07-01017-001 \$122.50 ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Willie L Smith</i>			4/24/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			Daytime Phone #		

FILED
07 MAY -1 PM 3:12

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07