PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 24 AM 8:01

DOCUMENT # 762928

1. Corporation Name

MT. OLIVE HOLINESS CHURCH, INC.

Principal Place of Business	Mailing Address
8400 N.W. 22ND AVE MIAMI FL 33147	700 N.W. 203 STREET MIAMI FL ~~33168~~ 33169

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/14/1982

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. 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	SMITH, WILLIE L.	700 NW 203 STREET	MIAMI FL 33168
VD	~~SMITH, DAVID~~ Amy G. Henderson	~~9040 N.W. 97 ST.~~ 18310 N.W. 37th AVE	MIAMI ~~FL 33147~~ MIAMI, FL 33163
SD	BEST, MARIA	19951 NW 82ND COURT	MIAMI FL 33015

100009313851
12/03/02--01037--002 **61.25

100009313851
12/24/02--01006--002 **175.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SMITH, WILLIE L. 700 N.W. 203RD STREET MIAMI FL 33168	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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.

12/31/02 AM

Signature of Registered Agent: ~~WILLIE L SMITH~~ SIGNATURE REQUIRED Date: 11-23-202 X
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED WILLIE L SMITH 3055057106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #