

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 21 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Keith Holladay Ministries, Inc.

F96 000000939

REINSTATEMENT 00-03

100012872411

02/20/03--01055--018 **428.75

2. Principal Office Address

28850 Raindance Ave.

3. Mailing Office Address

PO Box 46159

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Tampa, FL

Zip

33543

Country

USA

Zip

33647-0102

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/23/1996

5. FEI Number

73-1437329

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

Holladay, Keith

Street Address (P.O. Box Number is Not Acceptable)

28850 Raindance Ave.

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33543

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

REGISTERED AGENT MUST SIGN

Date 2/12/2003

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
PT	Holladay, Keith E.	28850 Raindance Ave.	Wesley Chapel, FL 33543
ST	Holladay, Judy L.	28850 Raindance Ave.	Wesley Chapel, FL 33543
T	Williams, Ronald B.	111 Carlton Blvd.	Ridgeland, MS 39157
T	Parker, Sky	9220 A1 Parkway E, 153	Birmingham, AL 35206
C	Moffett, Reffie	1601 Main Street	Mountain View, AR 72560
C	Harris, David	1645 Dahlonga Hwy.	Cumming, GA 30130

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.

SIGNATURE:

Keith E. Holladay

2/13/2003 813-299-1544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24

CR2E061 (10/02)