

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N00000001528

1. Corporation Name

FIRST JOHN HOLINESS CHURCH, INC.

Principal Place of Business

Mailing Address

6316 WILLOW ST
ZELLWOOD FL 32798

P.O BOX 348
ZELLWOOD FL 32748

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/2000

5. FEI Number

59-3639340

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | WRIGHT, JOHNNIE | 232 WEST 15TH STREET | APOPKA FL 32703 |
| D | WRIGHT, ALFREDA | 232 WEST 15TH STREET | APOPKA FL 32703 |
| D | GRIMMAGE, MATTIE | 789 EAST CLEVELAND STREET | APOPKA FL 32703 |
| | | | |
| | | | |
| | | | |

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1/21/03 90116 042 70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WRIGHT, JOHNNIE
232 WEST 15TH STREET
APOPKA FL 32703

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Alfreda Wright

Date

11/14/03

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:

Alfreda Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/03 321-277
1467

Date

Daytime Phone #