

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -2 PH 2:26

DOCUMENT # W00000002092

1. Corporation Name

Church of the Apostolic Pentecostals, Inc

900130723449
07/02/08--01031--001 **61.25

900130723449
06/04/08--01008--022 **183.75

REINSTATEMENT

05-08

2. Principal Office Address - No P.O. Box #

1103 Country Club Road

Suite, Apt. #, etc.

3. Mailing Office Address

1103 Country Club Road

Suite, Apt. #, etc.

City & State

Eustis, FL

Zip

32726

Country

Lake

City & State

Eustis, FL

Zip

32726

Country

Lake

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

Terri C.C. Holt

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

1103 Country Club Road

Suite, Apt. #, Etc.

City

Eustis

State

FL

Zip Code

32726

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date May 29, 2008

REGISTERED AGENT MUST SIGN

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	Rev. Daniel R. Holt	1103 Country Club Road	Eustis, FL 32726
VP	Terri Holt	1103 Country Club Road	Eustis, FL 32726
M	Misti Winters	702 Harvard Court	Eustis, FL 32726

REINSTATEMENT

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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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 29, 2008 407.617.3699

Date

Daytime Phone #

7/20