PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secretary of State				FILED 09 DEC 23 PM 4: 31 SECRETARY		
DOCUMENT # N 0 00 0000 2461 1. Corporation Name Creater Faith Temple Holiness Church				TALLAHASSEE. FLORIDA 200163920352 12/23/02 01034-010 \$542.50 REINSTATEMENT 04-09 CR2E081 (11/09)			
2. Principal Office Address - No P.O. Box # No . 11775 130th Ave No . 11775 130th Ave No . Suite, Apt. #, etc.							
Oute, Apr. W. Gro.					Date Incorporated or Qualified To Do Business in Florida		
City & State City & State				5. FEI Number Applied For			
Zip 33718 Country	2ip 33.778 Country			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name Jim Blair Street Address (P.O. Box Number is Not Acceptable) 4130 5300 AVe. South Suite, Apt. #, Etc. City Saint Petersburg FL 33711			☐ 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 12-21-						09	
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 / Zi	íp	
D: James Mack	८ 2	004	3 5.W. 2	rthu2t			
Di Katie Holme		18115 119th St. 1				.33774	
Di Willie O. Blair		5001 Or. Martin Ki		in king s	St. Saint Pet	'vsborg, Fl. 8370	
		piron		\			
10. E-mail Address: 9++3 @ Verzion net (To be used for future annual report notification)							
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. I further certify, 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 Date Date Date Description of 17, F.S., I further certify that when filing this reinstatement 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. I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S., I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S., I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S., I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S., I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S., I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S., I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S., I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S., I further certify that when filing this reinstatement application as provided for in chapter 607, F							