


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000004310		
1. Entity Name THE HOLINESS AND UNITY OUTREACH MINISTRY, INC.		
Principal Place of Business 2005 CITRUS HILL ROAD PALM HARBOR, FL 34683	Mailing Address 2005 CITRUS HILL ROAD PALM HARBOR, FL 34683	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 12541 130th AVE North Suite, Apt. #, etc.	3. Mailing Address 715 East Lime Street Suite, Apt. #, etc.
City & State Dade FL	City & State Tampa Spring FL
Zip 33178	Zip 34689
Country Pinellas	Country Pinellas

11032004 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3713329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARSHALL, EVELYN D 2005 CITRUS HILL ROAD PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Evelyn D Marshall <input type="checkbox"/> Change <input type="checkbox"/> Addition 715 East Lime Street Tampa Spring FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROWN, LINDA 2005 CITRUS HILL ROAD PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000042610040 11/09/04--01086--014 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOUSE, ANGIE 2005 CITRUS HILL ROAD PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MASSEY, EVELYN D <i>name</i> <input checked="" type="checkbox"/> Delete 2005 CITRUS HILL ROAD PALM HARBOR, FL 34683	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Evelyn D Marshall <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEEKS, MAGGIE 2005 CITRUS HILL ROAD PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>M. Weeks</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Evelyn D Marshall 11/4/04 727-943-5054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #