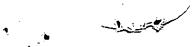
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <u> </u>   |  | · · · · · · · · · · · · · · · · · · ·                                   | <u> </u>  |
|--|--|---|---|
| REINSTATEMENT  |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 2004 OCT -5 PM 4: 00                  |
| DOCUMENT # WO200001519  1. Corporation Name  |  |   |   |
| LIVING SOUL FULL BIBLE HOLINESS  |  |   |   |
|  | ICH, corp  |   |   |
| 2. Principal Office Address  |  | 3. Mailing Office Address   | - DEMOTATEMENT X2 ~ NU  |
| 1033 MARTIN LUTHER KING  |  | 1033 MARTIN LUTHER KING. BIND   | RENSTATEMENT 03-04  |
| Suite, Apt. #, etc. Suite, A   |  | Suite, Apt. #, etc.   | A Continue and a Continue   |
| City & State   |  | City & State  | 4. Date Incorporated or Qualified To Do Business in Florida 03-04-2002                  |
| Green cove springs FL  |  | l   | 5. FEI Number Applied For   |
| Zip  | Country  | Green cove springs FL Zip Country                                       | 03-0637265 Not Applicable   |
| 320  | 43 USA   | 32043 USA   | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Current Registered Agent  |  |   |   |
| Name RUBY COOPER   |  |   |   |
|  | Street Address (P.O. Box Number is Not Acceptable) |   |   |
|  | 457 Jeri Road                                      |   |   |
|  | Suite, Apt. #, Etc.                                |   |   |
|  | City Green Cove                                    | SPrings   | State Zip Code FL 32043   |
| 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  |  |   |   |
| Signature of Registered Agent Agent Pale S/17/04  REGISTERED AGENT MUST SIGN  Date 8/17/04   |  |   |   |
| 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 Eac<br>Officer and/or Directo                         | th City (Save 17)   |
| <u> D</u> "  | Ruby Cooper  | Green cove spring   |   |
| 70   | Roosevelt Coop                                     |   | Green cove spring;<br>FL 32043  |
| -D   | -AMY-Walker-                                       | 4095 PIET STOTION   | ord E. Green-Cove-Springs 52073   |
| F  | Rev. DANIEL BURN                                   | ey 415 NOTH PINE S  | Green COVE SPrings FL<br>32043  |
|  |  |   | 09/21/0401034017 **70.00  |
|  | ·  |   | 600041208166<br>10/06/0401020023 **61.25  |
| 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 filling 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: DANIEL BURNEY 8-17-2 004 904-284-1625 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |  |   |   |
| 4  |  |   |   |

1015



Florida Department of State Division of Corporations 08-17-04

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## Dear Sirs/Madames

Please Consider this letter as a formal request to request a waiver of the reinstatement fee for my Non profit corporation to be restored to Active Status. Haply I found out that my File Status was inactive as I was browsing your website to help another pastor. I immediately inquire about this finding and was told that I was required to file an Annual Report.

To be truthful with you I don't even know what the form look like and I didn't received one in the mail. When I started my ministry it was about a year after that I was able to get all my paper work in order. Now I understand my requirements better now and I want to be in compliance with all state laws.

My corporation is Living Soul Full Bible Holiness Church, corp 1033 Martin Luther King Blvd Green Cove Springs, Fl 32043 Document #N02000001519 (03-04-02). FEE 03-063 73-65

Please find enclosed my application for Reinstatement and one year dissolve fee 61.25 and fee for Certificate of Status for a total of: 70.00

Sincerely Yours,

Rev. Daniel Burney

Pastor, CEO, Chief Overseer

Living Soul Full Bible Holiness Church, corp

1033 Martin Luther King Blvd.

Green Cove Springs, Fl. 32043

Telephone (W) 904-278-1200

(H) 904-284-1625

© 904-307-1176

Church: 904-529-7370