

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 MAY -8 PM 2:32

DOCUMENT # NO2000005502

1. Corporation Name **FAITH FOUNDATION HOLINESS CHURCH,  
INC.**

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

6101 16th st no

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 12078

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33703

Country

PINELLAS

Zip

33733

Country

PINELLAS

4. Date Incorporated or Qualified  
To Do Business in Florida

07-19-02

5. FEI Number 03-6906337

☐ 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

JOSHUA MAYS JR

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

6101 16 St No

Suite, Apt. #, Etc.

City

St. Petersburg,

State

FL

Zip Code

FL

☒ 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

*Joshua Mays Jr*  
REGISTERED AGENT MUST SIGN

Date 05/06/08

**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	JOSHUA MAYS JR	6101 16th ST NO	ST. PETERSBURG. FL 33703
PV	COREY L MAYS	6101 16th ST NO	ST. PETERSBURG. FL 33703
S	KESHIA HENRY	4934 1/4 3th ave SO	ST. PETERSBURG. FL 33707
T	YVETTE STEVENS	701 15th ST SO	ST. PETERSBURG. FL 33705

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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

05/06/08 (727) 527-7065  
Date Daytime Phone #

5/12/08