PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A₹PLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000006342

1. Corporation Name

NEW GENERATION HOLINESS CHURCH, INC.

Principal Place of Business

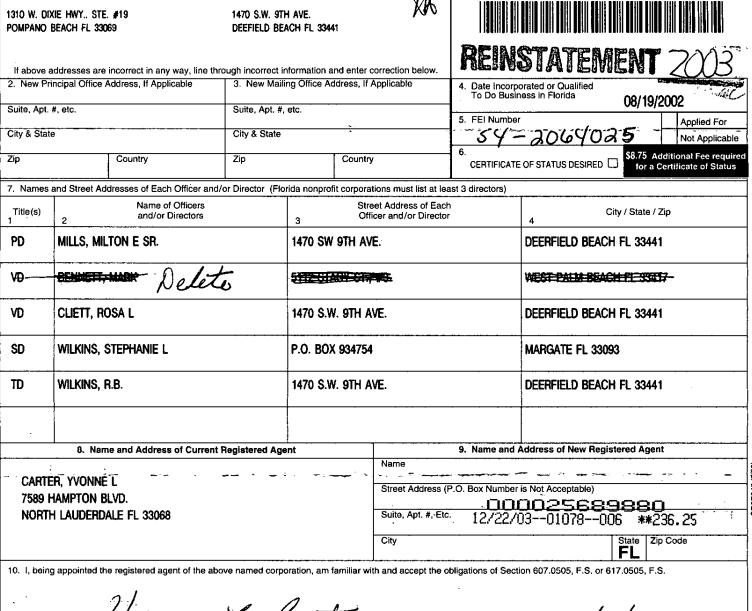
Mailing Address



FILED

03 DEC 23 PM 12: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 other 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:

Signature of

FILLOW E. THIS SE

12/17/03 56/ 891-7283
Date Daytime Phone #

CR2E040 (7/03)