PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATIO	N
REINSTATEME	NT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

06 JUL 20 AM 10: 02

SECRETATY CESIATE TALLAH498TE, FLORE

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1. Corporation Name

Trinity Holiness Church of Pepper Town, Inc.

				LEMET	'ATI			
	al Office Address		3. Mailing Office Address		MII		03-06 DSC	
1830	O Callahan Street	1830 Call	ahan Street		CR2E081 (12/05)			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 10/16/2002			
City & State	8	City & State		5. FEI Number		orida 10/16		
Pana	ama City, FL	Panama Ci	Panama City, FL				Applied For Not Applicable	
Zip	Country	Zip	Country	20-4925 6.		58.75	Additional Fee required	
324	09 US	32405	US	CERTIFICATE O	OF STATUS		Additional Fee required a Certificate of Status	
		7. Name a	and Address of Current Reg	gistered Agent				
	Name Jack G. Williams							
	Street Address (P.O. Box Number is	• • • •					I	
	502 Harmon Avenu Sulte, Apt. #, Etc.	.e		<u> </u>	<u> </u>	779716 0 005018	**420.00	
	City Panama City				State FL	Zip Code 32401		
8. I, being	g appointed the registered agent of the a	above named corporation,	am familiar with and accept	t the obligations of section	n 607.05(05 or 617.0503, F.S.		
Signature o				-				
	1 Agent	REGISTERED AGENT M	TIOT OLON		Date ,	5/24/	06	
								
9. Names	s and Street Addresses of Bach-Officer	and/or Director (Florida no						
Titles	Name of Officers and/or Directo		Street Address of Officer and/or Di			City / State /	Złp	
PTD	Sandra Holley		223 East 16th C	Jourt	Pana	ama City, FL	32405	
SD	Stephanie Youngblood		608-A S. Tyndall Parkway			laway, FL 3		
D	Steve Holley		223 East 16th C			ama City, FL		
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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 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 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:

Sandra Holley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-06

747-0931

Daytime Phone #