

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -1 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008713

1. Corporation Name

EMMANUEL BAPTIST CHURCH OF HOLINESS INC.

Principal Place of Business

Mailing Address

408 NW 14 TERRACE
FT LAUDERDALE FL 33311

408 NW 14 TERRACE
FT LAUDERDALE FL 33311

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

11/07/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FUNEUS, JEAN R	3588 SE 13 COURT	FT LAUDERDALE FL 33312
D	FUNEUS, JESULA	333 SW 15 STREET	FT LAUDERDALE FL 33311
D	LUCIEN, ANNE M	160 VERMONT AVE	FT LAUDERDALE FL 33312

200025128362
12/01/03 01077-002 **175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOUSSAINT, JOSUE
2201 NW 80 AVE
SUNRISE FL 33322

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Josue Toussaint
REGISTERED AGENT MUST SIGN

Date

11/01/03

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 of 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 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:

Josue Toussaint
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-01-03

Daytime Phone #

CR2ED040 (7/03)