


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 CORPORATION		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 APR 16 AM 11:56	
DOCUMENT # <u>N03000003893</u>					
1. Corporation Name <u>True Holiness Church of God, Inc.</u>					
2. Principal Office Address <u>1900 13th St. So.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>2633 19th St. So.</u> Suite, Apt. #, etc.		200123765942 0476/08-01019-015 **61.25 CR2E081 (8/05)	
City & State <u>St. Petersburg, Fla.</u> Zip <u>33705</u> Country <u>Pineellas</u>		City & State <u>St. Pete, Fla.</u> Zip <u>33712</u> Country <u>Pineellas</u>		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number <u>3.22 77 8671 NA</u> <input type="checkbox"/> Applied <input type="checkbox"/> Not App	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee for a Certificate of					
7. Name and Address of Current Registered Agent					
Name <u>Perlena Worlds</u> Street Address (P.O. Box Number Is Not Acceptable) <u>1900 13th St. So.</u> Suite, Apt. #, Etc. City <u>St. Pete</u> State <u>FL</u> Zip Code <u>33705</u>					
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 <u>Perlena Worlds</u> Date _____ REGISTERED AGENT MUST SIGN					
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		
Subt.	Robert Brown	2936 18th Ave. So.	St. Pete, Fla 33712		
Sect.	Tychia Wrayton	2633 1/2 19th St. So.	St. Pete, Fla. 33712		
Treas.	Perlena Worlds	2633 19th St. So.	St. Pete, Fla. 33712		
Trustee	Kathy Worlds	1016 26 Ave So.	St. Pete, Fla 33705		
<u>B-4/17/08</u>					
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 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 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 ind on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>Perlena Worlds</u> <u>Perlena Worlds</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				727-323-9245 727-823-2138 Date _____ Daytime Phone # _____	