

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 27 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000008429**

1. Corporation Name

**ZION APOSTOLIC HOLINESS CHURCH
INC.**

2. Principal Office Address

966 BLACK CORAL AVE

Suite, Apt. #, etc.

City & State

Palm Bay

Zip Country

32907 Brevard

3. Mailing Office Address

3200 DIXIE Highway

Suite, Apt. #, etc.

Suite 5

City & State

Palm Bay

Zip Country

32905 Brevard

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

30 Sept 2003

5. FEI Number

☒ 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

BISHOP EARL LLOYD ADAMS **700055709847**

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

966 BLACK CORAL AVE

Suite, Apt. #, Etc.

Palm Bay

State
FL

Zip Code
32907

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

Bishop Earl Lloyd Adams

Date **4/28/05**

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
BISHOP	EARL ADAMS	966 BLACK CORAL AVE	PALM BAY 32907
MINISTER	ELVIN COX	1572 CAFE ST	PALM BAY FL 32907
SECLY	RUTH MCSWERN	1572 CAFE ST	PALM BAY FL 32907

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 corporation 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:

Bishop Earl Adams EARL ADAMS

Date

Daytime Phone #

5/6/05 321 6762544

CR2E081 (01/04)