

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO4000001688

1. Corporation Name

Prophetess Linda G. Holliman Inc.

2. Principal Office Address

810 LK Elbert Ct

Suite, Apt. #, etc.

City & State

Winter Haven, Fla

Zip

33881

Country

U.S.A.

3. Mailing Office Address

P.O. Box 10606

Suite, Apt. #, etc.

City & State

Winter Haven, Fla

Zip

33885-0606

Country

U.S.A.

REINSTATEMENT

CR2E081 (12/05)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

2/18/04

5. FEI Number

20-0740801

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

Linda G. Holliman

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

810 LK Elbert Ct

Suite, Apt. #, Etc.

City

Winter Haven, Fla

State

FL

Zip Code

33881

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

Linda G. Holliman

Date 10-20-06

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
Pastor	Prophetess Linda G. Holliman	810 LK Elbert Ct	Winter Haven, Fla
Bishop	Steve Holliman	810 LK Elbert Ct	Winter Haven, Fla
Secretary	Angioletta Taylor	212 Carroll Blvd #1 Auburndale, Fla	Auburndale, Fla
		33823	

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 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:

Linda G. Holliman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-06 863-401-5717

Date

Daytime Phone #

PROPHETESS LINDA G. HOLLIMAN, INC.
P.O. BOX 10606
WINTER HAVEN, FLORIDA 33885-0606


February 12, 2007

To Whom It May Concern:

This letter is in reference to a conversation this morning (February 12, 2007) with an adjuster in your office. I received a letter concerning my reinstatement. I have already sent in \$160.00 (one hundred sixty) which is reflected in the records included with this letter.

I am requesting a waiver of fees for previous years. The renewal statement for 2005 was not received and according to the adjuster, I am eligible for a waiver which will be reflected on the record today. I, according to the adjuster, will need to send in an extra \$23.75 (twenty- three dollars seventy-five cents) to take care of the extra cost associated with getting the waiver. I was also informed that I could send another \$8.75 (eight dollars seventy- five cents) for a certificate and these two amounts will take care of the discrepancies.

Sincerely,


Linda G. Holliman

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