PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 AUG -3 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000002478

1. Corporation Name
FIRST COMMUNITY HOLINESS CHURCH, INC.

REINSTATEMENT 05-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
10634 Highway 229 North	P.O. BOX 346
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANDERSON, FLORIDA	City & State: SANDERSON, FLORIDA
Zip: 32087 Country: United States	Zip: 32087 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: March 03, 2004

5. FEI Number: 20-1100429 ☐ 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: VICKEY A. GIVENS

Street Address (P.O. Box Number is Not Acceptable): 10634 Highway 229 North

Suite, Apt. #, Etc.:

City: Sanderson State: FL Zip Code: 32087

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

08/05/09--01026--015 **306.25

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: Vickey A. Givens Vickey A. Givens Date: 07/30/09
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
P/M/D	VICKEY A. GIVENS	10634 Highway 229 North	Sanderson, Florida 32087
VP/D/S	MARIE M. GIVENS	10634 Highway 229 North	Sanderson, Florida 32087
T/D	LOUIS STEWART	9995 CR 229 North	Sanderson, Florida 32087
D	TARRECE D. GIVENS	10634 Highway 229 North	Sanderson, Florida 32087

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: Vickey A. Givens Vickey A. Givens 07/30/09 Cell(904)614-7969 Hm. (904)275-2094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SEA