

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT -3 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0400006608

1. Corporation Name

St. Matthew Holiness Church, Inc.

2. Principal Office Address - No P.O. Box #

2012 S. Claraona Rd.

Suite, Apt. #, etc

3. Mailing Office Address

2012 S. Claraona Rd.

Suite, Apt. #, etc

City & State

Apopka, FL

Zip Country

32703 United State

City & State

Apopka, FL

Zip Country

32703 United State

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 05-07

CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name Melvin Scott Sr.

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

4241 Mimoso St.

Suite, Apt. #, Etc.

City Orlando

State

FL

Zip Code

32911

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.

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 Melvin Scott Sr.

REGISTERED AGENT MUST SIGN

Date 9-30-07

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 |
|------------------|-----------------------------------|--|--------------------------|
| <u>Pastor</u> | <u>Melvin Scott Sr.</u> | <u>4241 Mimoso St.</u> | <u>Orlando, FL 32911</u> |
| <u>Deacon</u> | <u>Mack King</u> | <u>2036 S. Claraona Rd.</u> | <u>Apopka, FL 32703</u> |
| <u>Deacon</u> | <u>Quincy Brown</u> | <u>1641 Valeview Ct.</u> | <u>Apopka, FL 32712</u> |
| <u>Secretary</u> | <u>Fanita Brown</u> | <u>1641 Valeview Ct.</u> | <u>Apopka, FL 32712</u> |
| | <u>M/0/5</u> | | |

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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:

Fanita Brown Fanita Brown 9/27/07 407-760-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #