

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 SEP 28 PM 3:03
TALLAHASSEE, FLORIDA

DOCUMENT # NO 50000002751

1. Corporation Name

Holy Ghost Miracle Revival Church
Inc.

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

31979 Blue Star Hwy

3. Mailing Office Address

P.O. Box 451

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Midway, FL

City & State

Midway, FL

Zip

32343

Country

Gradsden

Zip

32343

Country

Gradsden

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3-17-05

5. FEI Number

75-3190382

☐ 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

Douglas P. Jones

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

2659 Pine Hall Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

300240227223
10/01/12--01001--012 **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

Douglas P. Jones

REGISTERED AGENT MUST SIGN

Date 9/28/2012

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	Matthew Jones, Jr.	1014 Munson Landing Rd	Tallahassee, FL 32305
TD	Willie Mae Long	72 Long Way	Midway, FL 32343
SDA	Windreaka Butler	1800 Windreaka Commons Dr. Apt. 1218	Tallahassee, FL 32308
D	Lorrene S. Summers	1714 Pepper Drive	Tallahassee, FL 32304

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ms. Windreaka Butler / *Ms. Windreaka Butler (Sec)*

Date

9/28/2012

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR