

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 15 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05212**

1. Corporation Name

**THE OPEN DOOR HOLINESS
CHURCH ONE GOD INC.**

2. Principal Office Address

1408 WISCONSIN AVE

Suite, Apt. #, etc.

1408

City & State

LYNN HAVEN

Zip

32444

Country

Bay

3. Mailing Office Address

1408 WISCONSIN AVE.

Suite, Apt. #, etc.

1408

City & State

LYNN HAVEN

Zip

32444

Country

Bay

REINSTATEMENT

1995-2002

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/11/02

5. FEI Number

~~105212~~

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

CLINTON MCINTYRE, AGENT

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

1408 WISCONSIN AVE.

Suite, Apt. #, Etc.

1408 WISCONSIN AVE.

City

LYNN HAVEN

700006661597-5

-07/25/02--01049--018

*******865.00 *****865.00**

State

FL

Zip Code

32444

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

Clinton McIntyre R. Agent

REGISTERED AGENT MUST SIGN

Date

7/11/2002

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
A/P/D	CLINTON MCINTYRE	1408 WISCONSIN AVE	LYNN HAVEN FLA.
V/D/M	LUREATHA MCINTYRE	1408 WISCONSIN AVE	LYNN HAVEN FLA.
D/S	SANDRA MCINTYRE	1408 WISCONSIN AVE	LYNN HAVEN FLA.
C/M	REBBIE BROWN	1505 11th ST	PANAMA CITY FLA.

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 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: **CLINTON MCINTYRE R. Agent**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/02 **850.265-2547**
Date Daytime Phone #

CR2E081 (9/01)