


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-5deg);">2014 MAR 11 AM 11:40</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # <b>N07000003439</b>					
1. Corporation Name <b>Spiritual Temple Holiness Church INC</b>					
2. Principal Office Address - No P.O. Box # <b>1881 Washing Blvd</b>			3. Mailing Office Address <b>P.O. Box 380</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. <b>Zellwood</b>		
City & State <b>Mount Dora Fla</b>			City & State <b>Florida</b>		
Zip <b>32757</b>		Country <b>LAKE</b>		Zip <b>32798</b>	
		Country <b>ORANGE</b>			
4. Date Incorporated or Qualified To Do Business in Florida <b>4-3-2007</b>					
5. FEI Number <b>208725418</b>				Applied For <input type="checkbox"/> Not Applicable	
CERTIFICATE OF STATUS DESIRED				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>Deborah Smith</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>6975 Holly St. P.O. Box 380</b>					
Suite, Apt. #, Etc. 					
City <b>Zellwood</b>			State <b>FL</b>		Zip Code <b>32798</b>
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 <b>Deborah Smith</b>				Date <b>2-22-14</b>	
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		
Sec	Ruth Powell	37188 Harry St	Zellwood FL 32798		
De	ED Garner	3384 HARRY ST	Plymouth FL 32712		
<div style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold;">2012 / 2013</div>					
<div style="font-size: 1.2em; font-weight: bold;">S. HAWKES</div> <div style="font-size: 1.2em; font-weight: bold;">MAR 11 A.M.</div> <div style="font-size: 1.2em; font-weight: bold;">EXAMINER</div>					
10. E-mail Address: _____ <small>(To be used for future annual report notification)</small>					
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: <b>Deborah Smith</b>				Date <b>2-22-14</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone</small> <b>383-2309</b>	