

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 MAR -7 PM 3:50

DOCUMENT # **N10000008900**

1. Corporation Name

United Holiness Church, Inc

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

12363 Hernando Rd

Suite, Apt. #, etc.

City & State

North Port, FL

Zip

34287

Country

USA

3. Mailing Office Address

13624 Tamiami Trail

Suite, Apt. #, etc.

Suite 229

City & State

North Port, FL

Zip

34287

Country

USA

200296433662
03/08/17--01001--011 **306.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/2010

5. FEI Number

27-3514086

☒ 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

N. E. L. and TRUST, LLC

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

5077-109 Fruitville Rd

Suite, Apt. #, Etc.

Suite 133

City

SARASOTA

State

FL

Zip Code

34232

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

03/07/2017

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/C/D	Morgulis, Mikhail	12363 Hernando Rd	North Port, FL 34287
VP/D	Petrovets, Paul	12363 Hernando Rd	North Port, FL 34287
D	Murachov, Arkadiy	12363 Hernando Rd	North Port, FL 34287
D	Kharchenko, Serguei	12363 Hernando Rd	North Port, FL 34287
S/D	Webster, Irina	12363 Hernando Rd	North Port, FL 34287

10. E-mail Address: **Mikhail@Morgulis.US**

(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: **Mikhail Morgulis, elected Chairman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03.07.2017 3:30 PM

Daytime Phone #

MAR -7 2017

BA WILLIAMS