

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28791

1. Corporation Name GODS TRUE Holiness Church, Inc.

FILED

97 MAY 16 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
620 OpaLocka Blvd
OpaLocka, Florida
33054

Mailing Address
P.O. Box 173534
Miami, Florida 33017

REINSTATEMENT 95-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/18/88	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/O	Dorothy Taylor	4470 N.W. 174th Dr.	Miami, FL 33056
V/O	Regina C. Wilson	16520 NW 26 Avenue	OpaLocka, FL 33054
T	JENNIFER D. MEARS	7753 DILDO Blvd.	MIRAMAR FL 33023
C	VICKIE HERRING Holsinger	17921 N.W. 22ct	OpaLocka FL 33056
S/	LAVANGA FIELDS	20605 N.W. 33ct	OpaLocka, FLA. 33056
M/O	ANN BUSH	1540 NW. 175th St	Miami, FL 33161

8. Name and Address of Current Registered Agent

Dorothy Taylor
4470 N.W. 174th Drive
Miami, FL 33056

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

5/20/97
9000002186953--6
-05/21/97--01099--004
***35886 FL ***358.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Dorothy Taylor Date 5/13/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Dorothy Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/97 (305) 658-6686
Date Daytime Phone #

CR-2040 (12/96)