

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -3 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30371

1. Corporation Name
Salvation Holiness Church Inc

400180914504
06/03/10--01032--003 **8.75

400180914504
05/14/10--01039--001 **533.75

2. Principal Office Address - No P.O. Box #
212 N.E. Tem Street
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 2074
Suite, Apt. #, etc.

REINSTATEMENT CR2E081 (4/10) 05-10

City & State
Lake City, FL
City & State
Lake City, FL
Zip Country Zip Country
32055 USA 32056 USA

4. Date Incorporated or Qualified To Do Business in Florida
January 26, 1989
5. FEI Number
363615331
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
Pastor Clarence Kenneth Troupe Sr.
Street Address (P.O. Box Number is Not Acceptable)
244 N.E. Milton Terrace
Suite, Apt. #, Etc.
City State Zip Code
Lake City FL 32055

PROFIT CORPORATIONS ONLY
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Pastor Clarence Kenneth Troupe Sr. Date May 10, 2010
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
PO	Clarence Kenneth Troupe Sr.	244 N.E. Milton Terrace	Lake City, FL 32055
VD	Leatha Troupe	244 N.E. Milton Terrace	Lake City, FL 32055
ST	Maylene Marshall	564 N.E. Center Avenue	Lake City, FL 32055
		A/2	

10. E-mail Address: Salvationholiness@gmail.com
(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., that all fees owed by the corporation have been paid. 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.
SIGNATURE: Pastor Clarence Kenneth Troupe Sr. Date May 10, 2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

(386) 755-3560