PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
1996 NOV 20 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # n45101

1. Corporation Name
Greater Apostolic Orginal Holy Church of God
907 S.W. 3rd St
Ocala, FL 34474

Mailing Address
P.O. Box 743
Ocala FL 34478

Principal Place of Business

REINSTATEMENT ay 1/2 fee

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/12/91

5. FEI Number: 59-3076084 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	James Washington	109 S.W. 11th Ave	Ocala, FL 34474
D	Dorothy Dempsey	2215 N.W. 1st St	Ocala, FL 34475
D	Robin Rutledge	6981 N.W. 14th Ave	Ocala, FL 34475
D	McCray Joe	1633 N.W. 14th St	Ocala FL 34475
D	Doris Colyer	4309 S.W. 148th St	Ocala, FL 34473
P	Deborah Washington	3 Pine Trace Ln	Ocala, FL 34472

8. Name and Address of Current Registered Agent

Deborah Washington
3 Pine Trace Lane
Ocala, FL 34472

9. Name and Address of New Registered Agent

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

800002012298--4
-11/22/96--01027--028
245.00 245.00
FL

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: Deborah Washington Date:
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☑ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Deborah Washington 11-7-96 352-687-8710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #