PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR -7 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50558

1. Corporation Name

Springhill Holy Church of the Living God Revival Ctr, Inc.

Principal Place of Business
4854 N.W. 7 Ave
Miami, Fla

Mailing Address
9333 N. Mia Ave
Miami, Fla
33150

WPB-7418

REINSTATEMENT 95 CM

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

2. New Principal Office Address, If Applicable
same as above
Suite, Apt. #, etc.
same as above
City & State
same as above
Zip 33150 Country USA

3. New Mailing Office Address, If Applicable
same as above
Suite, Apt. #, etc.
same as above
City & State
same as above
Zip 33150 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 8/24/92

5. FEI Number 65-0353636

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

$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) 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
~~Pres~~ D	Jim T. Holt	9333 No Miami Ave	Mia Shores Fla 33150
~~V/P~~ D	Diana Holt	9333 No Miami Ave	Mia Shores Fla 33150
D	Price, D.J. DR.	1500 N.E. 127 St. #101	Mia Fla 33161

8. Name and Address of Current Registered Agent

Jim T. Holt / Springhill Church
9333 N Mia Ave
Miami Shores, Fla
33150

9. Name and Address of New Registered Agent

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

100002837511--0
-04/13/99--01011--016
****485.00 ****485.00

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 Jim T Holt
REGISTERED AGENT MUST SIGN

Date 3/15/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 is available, 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(4)(d), 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: Jim T Holt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99
Date

305 754-1532
Daytime Phone #

CR2E081 (12-98)