

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 NOV 17 AM 10:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N51324**

1. Corporation Name
KING OF KINGS CHRISTIAN CHURCH, INC.

Principal Place of Business Mailing Address
 3949 ATLANTIC BLVD 2207 ALICIA LANE
 JACKSONVILLE FL 32207 ATLANTIC BEACH FL 32233
 US



REINSTATEMENT 99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/16/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3147093	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Ss 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JOHNSTON, REV. DAVID	2207 ALICIA LN	ATLANTIC BCH FL 32233
D	HOLLOWAY, CHARLES T.	14614 FALLING CREEK DR.	HOUSTON TX 77068
D	SISLER, JUDITH	9143 PHILLIPS HWY #260	JACKSONVILLE FL 32256
D	SIMONIC, NICHOLAS T	8280 PRINCETON SQUARE W. SUITE 5	JACKSONVILLE FL 32256
			500003061055--9.
			-12/06/99--01014--024
			236.25/LS236.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOHNSTON, DAVID 2207 ALICIA LN ATLANTIC BCH FL 32233		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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: *Rev. David Johnston* **REQUIRED** Date: 10/29/99
 REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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: *Rev. David Johnston* **REQUIRED** Date: 10/29/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #