

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # N95000000019

**1. Corporation Name**

GALLOWAY FREE HOLINESS CHURCH, INC.

**2. Principal Office Address**

2331 D.R. BRYANT ROAD

Suite, Apt. #, etc.

City & State

LAKE LAND, FL

Zip

33809

Country

USA

**3. Mailing Office Address**

2331 D.R. BRYANT ROAD

Suite, Apt. #, etc.

City & State

LAKE LAND, FL

Zip

33809

Country

USA

REINSTATEMENT 92-02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/30/94

**5. FEI Number**

59-3318116

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

Darryl O'STEEN

Street Address (P.O. Box Number is Not Acceptable)

2331 D.R. BRYANT ROAD

Suite, Apt. #, Etc.

City

LAKE LAND

State

FL

Zip Code

33809

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\*\*\*\$551.25 \*\*\*\$551.25

**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

Darryl O'Steen

Date 1-2-02

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
PD	W.J. MEREDITH	4801 LEWELLYN ROAD	LAKE LAND FL 33809
VD	HOSIE L OSTEEN	2745 PRINE ROAD	LAKE LAND FL 33809
STD	MARGIE DOUGLAS	4281 KATHLEEN ROAD	LAKE LAND FL 33809

**10. 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:

William J. Meredith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-02

Date

Daytime Phone #

CR2001 (9/01)