PLEASE READ ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	12 JAN 27 AM IO: 14
DOCUMENT # N9600003594	All the second s
First united Small Print Holiness, inc.	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address	
Suite, Apt. #, etc. Suite, Apt. # etc	CR2E081 (11/10)
City & State City & State	4. Date Incorporated or Qualified To Do Business in Florida 07/05/96
Miami Florida Miami Florida	5. FEI Number Applied For Not Applicable
33127 LASA 33127 Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Anthony Moss	100219405481 02/02/1201001005 **26.25
Street Address (P.O. Box Number is Not Acceptable) 1470 NE 155 TETTACE	100219405481
Suite, Apt. #, Etc.	01/24/1201025011 **280.00
North Miami Beach FL 33162	
8. It being appointed the registered agent of the above named corporation, am tamiliar with and accept the co	bligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent REGISTERED AGENT MUST SIGN	Date 1/18/17
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at the street and street Addresses of Each Officer and	
Titles Name of Street Address of Eac Officers and/or Directors Officer and/or Directors	n City
P Mary, MOSS 120 NW 41	Street Miami FLorida 33127
WD ANTHONY MOSS 1470 NE 155th	Terrace North Miani Beach FL. 33162
D Danny, GRIFFIN 485 NW7 1951	REST Miam FL. 33150
TM Ruby, MOSS 120 NW 41 this	EET Miami, Florida 33127
CM Manouch Ka, Fan Fan 1470 NE 1554	Errace Unth Miam Brach, FL33162
/	,
10. E-mail Address: CURTICY & hot Mail . com (To be used for future annual seport 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., and that all fees owed by the corporation have been paid. I 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	