

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -4 PM 3:59

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

100096366471
04/10/07--01044--009 **14.75

DOCUMENT # N97000002595

1. Corporation Name

St Johns Holiness Church Inc

~~W07000015H7~~

REINSTATEMENT 03-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
504 NE King Street

3. Mailing Office Address
135 SE 34 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Live Oak, Fl

City & State
Ocala, Fl

Zip
32064

Country
Suwannee

Zip
34471

Country
Marion

4. Date Incorporated or Qualified
To Do Business in Florida **05-05-1997**

5. FEI Number
5934452518

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
Elder A Robinson

Street Address (P.O. Box Number is Not Acceptable)
135 SE 34th Street

Suite, Apt. #, Etc.

City
Ocala

State Zip Code
FL 34471

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

100096366471
04/10/07--01044--010 **300.00

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

Elder Abraham [Signature]

Date **3/19/07**

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
D	Elder A Robinson	135 SE 34th Street	Ocala, Fl 34471
CT	John H White	East Adam Memorial Dr	WhiteSprings, FL 32053
S	Roxanne White	East Adam Memorial Dr	WhiteSpring , Fl 32053
T	Inez Pate	12910 US 90 Lot 136	Live Oak, Fl 32060
T	Charles Pate <i>[Signature]</i>	12910 US 90 Lot 36	Live Oak, Fl 32060
T	Dave Ward	855 SW 7th Street	Live Oak, Fl 32064

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 contained in Chapter 119, F.S. The information indicated on this application is true and complete, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Elder A. Robinson
Elder A. ROBINSON

3/19/07

Date

386-590-6846

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR