

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**

~~W070000015H7~~

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, FI**

City & State  
**Ocala, FI**

Zip  
**32064**

Country  
**Suwannee**

Zip  
**34471**

Country  
**Marion**

**REINSTATEMENT** 03-07

CR2E081 (1/07)

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  
**FL**

Zip Code  
**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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| D      | Elder A Robinson                     | 135 SE 34th Street                                | Ocala, FI 34471        |
| CT     | John H White                         | East Adam Memorial Dr                             | WhiteSprings, FL 32053 |
| S      | Roxanne White                        | East Adam Memorial Dr                             | WhiteSpring , FI 32053 |
| T      | Inez Pate                            | 12910 US 90 Lot 136                               | Live Oak, FI 32060     |
| T      | Charles Pate                         | 12910 US 90 Lot 36                                | Live Oak, FI 32060     |
| T      | Dave Ward                            | 855 SW 7th Street                                 | Live Oak, FI 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 correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Elder A. Robinson*  
**Elder A. ROBINSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

Date

386-590-6846

Daytime Phone #