

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N97000003303**

1. Corporation Name

GOD'S HEALING HOLINESS CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

1346 MALABAR ROAD SE
UNIT A
PALM BAY FL 32907

1346 MALABAR ROAD SE
UNIT A
PALM BAY FL 32907

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/06/1997

5. FEI Number

59-3459115

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S/D	LESLIE, PANSY MRS	1346 MALABAR ROAD SE, UNIT A <i>1346 Malabar Road SE Unit A</i>	PALM BAY FL 32907
T/D	BURCHER, ORIAN C <i>KingSley Smuck</i>	1346 MALABAR ROAD SE, UNIT A <i>1346 Malabar Road SE Unit A</i>	PALM BAY FL 32907
P/D	BORLAND, PAULINE REV	1346 MALABAR ROAD SE, UNIT A <i>1346 Malabar Road SE Unit A</i>	PALM BAY FL 32907
			600003078215--7 -12/22/99--01073--016 ***236.25 ***236.25
			REINSTATEMENT 99:1 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BORLAND, PAULINE REV
1346 MALABAR ROAD SOUTHEAST
UNIT A
PALM BAY FL

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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. Pauline Borland

Date

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)(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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pansy Leslie

Date

Daytime Phone #

12/7/99