

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
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 # N97000003303

1. Corporation Name

GOD'S HEALING HOLINESS CHRISTIAN CHURCH, INC.

Principal Place of Business

1346 MALABAR ROAD SE
UNIT A
PALM BAY FL 32907

Mailing Address

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3459115

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S/D	LESLIE, PANSY MRS	1346 MALABAR ROAD SE, UNIT A	PALM BAY FL 32907
T/D	SAMUELS, KINGSLEY	1346 MALABAR ROAD SE, UNIT A	PALM BAY FL 32907
P/D	BORLAND, PAULINE REV	1346 MALABAR ROAD SE, UNIT A	PALM BAY FL 32907

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8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

Pansy Leslie
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/7/00

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:

Pansy Leslie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/00 321-729-9621

Daytime Phone #



1346 MALABAR RD.
S.E.
UNIT#A
PALM BAY, FL.
32907
407-953-3774

GOD'S HEALING HOLINESS CHRISTIAN CHURCH, INC.
REV. PAULINE V. BORLAND, PASTOR



1346 MALABAR RD.
S.E.
UNIT#A
PALM BAY, FL.
32907
407-953-3774

November 7, 2000

To Whom It May Concern,

My name is Pansy Leslie and I am the secretary for the above named church. Due to unexpected problem with our mail person we was not getting our mail correctly, so that lead up to me not getting our reinstatement from the Department of State. I would greatly appreciate if you will accept my apology and accept this check for our reinstatement.

Thank you for your cooperation in advance. If there is any further information needed I can be reached at 321-729-9621.

Yours truly,

Pansy Leslie
Church Secretary