


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000000479		
1. Entity Name MT. PLEASANT HOLINESS CHURCH, INC.		

FILED

05 FEB -4 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



Principal Place of Business 120 US HWY 221 NORTH GREENVILLE, FL 32331	Mailing Address P O BOX 158 GREENVILLE, FL 32331
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2. Principal Place of Business <i>mt. pleasant holiness church</i> Suite, Apt. #, etc. <i>399 N.W. US 221</i> City & State <i>Greenville, SC</i> Zip <i>32331</i> Country <i>Madison</i>	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02042005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3488879	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAMPTON, ELLA HWY 140-C GREENVILLE, FL 32331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$122.50	in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMPTON, ELLA PASTOR P.O. BOX 545 GREENVILLE, FL 32331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMPTON, JAMES PASTOR 104 EAST SEVENTH GREENVILLE, FL 32331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TATUM, JOYCE ROUTE 2 BOX 10 GREENVILLE, FL 32331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bishop Lee Jackson</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

300046654173
02/15/05--01049--018 **122.50

Bishop Lee Jackson
P.O. Box 168 - Greenville, SC 32331

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Ellen Hampton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2-4-05 Date	Daytime Phone #
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