297.5 APR.26.2000 8:41AM CORPORATIONS NO.452 P.2/6
35.00 NAME CHANGE
332.50 Total

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 99-00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAY -8 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006027

1. Corporation Name
HOLSEY TEMPLE CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

700003242197--9
-05/08/00--01056--001
****332.50 ****297.50

REINSTATEMENT 99-00

2. Principal Office Address	3. Mailing Office Address
3484 W. First St.	3484 W. First St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAX, FL	City & State: JAX, FL
Zip: 32254 Country: USA	Zip: 32254 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-22-98

5. FEI Number: [redacted] — 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: REV. LARRY J. ALLEN SR.
Street Address (P.O. Box Number is Not Acceptable): 3484 W. First St.
Suite, Apt. #, Etc.:
City: JACKSONVILLE State: FL Zip Code: 32254

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: Rev [signature] Sr. Date: 4/26/2000
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
P	REV. LARRY J. ALLEN SR.	1112 Cathcart St.	JAX, FL 32211
D	REV. LARRY J. ALLEN SR.	1112 Cathcart St.	JAX, FL 32211
T	AGUSTUS CALDWELL	1139 W. 29th St.	JAX FL 32209
T	KENNETH JAMES	3129 W. 5th St.	JAX, FL 32254
			SP

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 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: Rev [signature] Sr. 4/26/2000 (401) 396-5363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #