

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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	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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/06/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3459115	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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		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 FL

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** Date: 11/7/00
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: Pansy Leslie **SIGNATURE REQUIRED** Date: 11/7/00 321-729-9621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)

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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,

A handwritten signature in cursive script that reads "Pansy Leslie".

Pansy Leslie
Church Secretary