



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727



APPLICATION FOR REINSTATEMENT

(Section 414-403, 415A-18, 414D-250, 425-14, 425-164, 425E-810, 428-811, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, submitting this application for reinstatement, certify as follows:

1. The entity is (check one):

- Profit Corporation (F/\$25/B15)
- Nonprofit Corporation (F/\$10/B15)
- General Partnership (F/\$10/B29)
- Limited Liability Partnership (F/\$25/L34)
- Limited Partnership (F/\$10/B31)
- Limited Liability Limited Partnership (F/\$10/B31)
- Limited Liability Company (F/\$25/L14)

2. Name of business entity:

Gospel
Revitalize A Society of Believers Per L.L.
~~* See 2008 AMENDMENT (NAME CHANGE)~~
(Corporation, Partnership, LLC Name)

3. The business entity was involuntarily dissolved/canceled/revoked or administratively terminated/dissolved/canceled by

Decree/Order issued by the Director of Commerce and Consumer Affairs on: 12 07 07
(Month Day Year)

4. Attached are the delinquent annual statements/reports for the years: 2004 Per L.L.

2005 2006 2007 2008 2009 Per L.L.

5. Attached is a certificate from the Department of Taxation, State of Hawaii, indicating that all taxes have been paid, or that a payment arrangement has been entered into, or the unpaid tax liabilities are being contested in an administrative or judicial appeal with the department of taxation.

6. Attached is payment for all delinquent fees, penalties and other costs in the amount of \$ 60.00

I/we certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208 and 428-1302, Hawaii Revised Statutes, as applicable, that I/we have read the above statements, I/we are authorized to sign this application, and that the above statements are true and correct.

Signed this 31st day of JANUARY, 2009

LORAN LEE President
(Type/Print Name & Title) Per L.L.

OVERSEER
(Type/Print Name & Title)

Loran Lee
(Signature)

[Signature]
(Signature)

02/03/200920093

02/03/200920093

FILED 02/18/2009 08:14 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii

STATE OF HAWAII -- DEPARTMENT OF TAXATION
TAX CLEARANCE APPLICATION
PLEASE TYPE OR PRINT CLEARLY

1. APPLICANT INFORMATION:

(PLEASE PRINT CLEARLY)

Applicant's Name Revitalize A Gospel of Believers
Address 13-811 MALAMA STREET
City/State/Zip Code PAHOA, HAWAII 96778
DBA/Trade Name Revitalize Church

2. TAX IDENTIFICATION NUMBER(S): (Complete applicable ID numbers)

HAWAII TAX ID # W
FEDERAL EMPLOYER ID # 51-0494802
(FEIN)
SOCIAL SECURITY #(SSN)

3. APPLICANT IS A/AN: (CHECK ONLY ONE BOX)

- CORPORATION
- INDIVIDUAL
- LIMITED LIABILITY COMPANY
- Single Member LLC disregarded as separate from owner, enter owner's FEIN/SSN
- Subsidiary Corporation; enter parent corporation's name and FEIN
- S CORPORATION
- PARTNERSHIP
- LIMITED LIABILITY PARTNERSHIP
- TAX EXEMPT ORGANIZATION
- ESTATE
- TRUST

4. THE TAX CLEARANCE IS REQUIRED FOR:

- CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII *
- REAL ESTATE LICENSE
- FINANCIAL CLOSING
- HAWAII STATE RESIDENCY
- SUBCONTRACT
- LIQUOR LICENSE *
- CONTRACTOR LICENSE
- PROGRESS PAYMENT
- FEDERAL CONTRACT
- OTHER REINSTATEMENT
- BULK SALES**
- PERSONAL
- LOAN

* IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK
** ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER

5. NO. OF CERTIFIED COPIES REQUESTED: 2

6. SIGNATURE:

Cecil LORAN LEE OVERSEER
PRINT NAME PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor
Cecil Loran Lee 1/23/09 (808) 965-8992 ()
SIGNATURE DATE TELEPHONE FAX

POWER OF ATTORNEY. If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.
PLEASE TYPE OR PRINT CLEARLY -- THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.
SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS. Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII IF APPLICABLE
1 / 1

HAWAII RETURNS FILED IF APPLICABLE
20__ 20__ 20__

STATE APPROVAL STAMP
State of Hawaii
APPROVED
JAN 28 2009
per [Signature]
Department of Taxation
IRS APPROVAL STAMP

CERTIFIED COPY STAMP

02/03/200920093