

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 26 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000003437**

1. Corporation Name

True Jesus Church of Tampa, Inc.

2. Principal Office Address

4403 W. Pearl Ave.

3. Mailing Office Address

4403 W. Pearl Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33611

Country

U.S.A.

Zip

33611

Country

U.S.A.

REINSTATEMENT 99-03

4. Date Incorporated or Qualified To Do Business in Florida

06-27-96

5. FEI Number

59-3384108

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

VAN N. Merritt

8000250473013

11/26/03--01009--001 **430.00

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

9324 Hidden Water Cir.

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11-22-03

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	MEI H. Solgot	6805 S. Engelwood Ave	TAMPA, FL 33611
V/T	VAN N. Merritt	9324 Hidden Water Cir.	Riverview, FL 33569
S	Susan Chen	8201 Kirkwood Dr.	TAMPA, FL 33634

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/03

Date

(813) 837-1317

Daytime Phone #

CR2E081 (10/02)