

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005159

1. Corporation Name

TRUTH WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

14504 NW 7 AVE.
MIAMI FL 33167
US

14504 NW 7 AVE.
MIAMI FL 33167
US



REINSTATEMENT

01

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

09/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0862492

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WRIGHT, JAMES E JR	811 N.W. 119TH STREET	MIAMI FL 33168
VD	WRIGHT, JACQUELINE S	811 N.W. 119TH STREET	MIAMI FL 33168
STD	KEMP, SULLIE	811 N.W. 119TH STREET	MIAMI FL 33168
BM	WRIGHT, JAMES E SR.	1945 NW 71 ST.	MIAMI FL
BM	WRIGHT, ELLA K	938 NW 59 ST.	MIAMI FL
BM	KEMP, WILLIE	811 NW 119 ST.	MIAMI FL 33168

8. Name and Address of Current Registered Agent

WRIGHT, JAMES
14505 NW 7 AVE.
MIAMI FL 33167

9. Name and Address of New Registered Agent

Name

James E Wright

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

14504 NW 7 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33167

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

[Signature]

REGISTERED AGENT MUST SIGN

700004699237--9

-11/30/01--01011--019

****236.25 ****236.25

Date 10-30-2001

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:

[Signature] James E Wright JR PD 10-30-2001 (305) 687-1835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (801)