

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 APR 24 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005403

1. Corporation Name

GOD'S HOLY TEMPLE OUTREACH MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

724 ORANGE AVE
FT PIERCE FL 34950

724 ORANGE AVE
FT PIERCE FL 34950

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

09/10/1999

5. FEI Number

165-0955307

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Deacon	Ervin Haugabook Jr	208 North 28th Street	Fort Pierce, Florida 34947
Pastor	Douglas E. Symonette	1606 Ave H	Fort Pierce, Florida 34946
Recording Secretary	Cassandra Spears	3113 Ave S	Fort Pierce, Florida 34947
Financial Secretary/Treasurer	Alice Z. Haugabook	208 North 28th Street	Fort Pierce, Florida 34947
000004287150-3			
-05/22/01-01061-001			
****236.25 ****236.25			

8. Name and Address of Current Registered Agent

SPEARS, CASSANDRA
724 ORANGE AVE
FT PIERCE FL 34950

9. Name and Address of New Registered Agent

Name: Cassandra Spears
Street Address (P.O. Box Number is Not Acceptable): 3113 Ave S
Suite, Apt. #, Etc.:
City: Fort Pierce
State: FL
Zip Code: 34947

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: Cassandra Spears
REGISTERED AGENT MUST SIGN

Date: 4/19/01

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:

Alice Z. Haugabook
Alice Z. Haugabook 4/19/01 (561) 465-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)