PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
APPLICATION FOR	FLORIDA DEPARTM Sandra B. M Secretary o	ortham	A	PPROVED	
REINSTATEMENT DIVISION OF CORPORATIONS			98 NOV 30 PM 3: 06		
DOCUMENT # N9600003437 1. Corporation Name			SECRETARY OF STATE		
TRUE JESUS CHURCH (OF TAMPA), INC.			TALLAF	IASSEE, FLORIDA	
Principal Place of Business	Mailing Address				
6805 S. ENGLEWOOD AVE. TAMPA FL 33611	6805 S. ENGLEWOOD AVE. TAMPA FL 33611				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		REINSTATEMENT			
2. New Principal Office Address, If Applicable 4403 W. Pearl. Ave	3. New Mailing Office Address	ng Office Address, If Applicable 4. Date Inco. To Do Bus		orated or Qualified less in Florida 06/27/1996	
Suite, Apt. #, etc.			5. FEI Number Applied For		
ty & State CAMPA FL ODESSA FL		FL	59-3384108 Not Applicable 6.		
Zip Country USA	Zip Cou	ntry U.S.A		OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o			t 3 directors)		
Title(s) Name of Officers and/or Directors	į	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		Gity / State / Zip	
DP SOLGOT, RICHARD		6885 S. ENGLEWOOD AVE.		TAMPA FL 3361T OGCSSA, 33556	
DV MERRIT, VAN		10331 ASHLEY OAKES DR		RIVERVIEW FL	
DST SUEHENDRA, HENRY	2225 - 131ST	2225 - 131ST AVE., #6605		TAMPA FL	
			4000027033048		
				-12/04/9801067012	
8. Name and Address of Current Registered Agent 9. Name			9. Name and A	ddress of New Registered Agent	
MERRITT, VAN Street Address (P.			S. S		
6805 S. ENGLEWOOD AVE.			the description of the descripti		
TAMPA PL 33011					
City OPESSA FL State Zip Code FL 33556 10. I, being appointed the registered egent of the above named corporation, am/amiliar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent REGISTERED AGENT MUST AGENT AGENT MUST AGENT MUST AGENT MUST AGENT AGENT MUST AGENT AGENT MUST AGENT A					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No					
12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description Descr					