

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707269

1. Corporation Name
GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
1656 WEST EDGEWOOD AVENUE P O BOX 9036 JACKSONVILLE FL 32209	1656 WEST EDGEWOOD AVENUE P O BOX 9036 JACKSONVILLE FL 32209

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 06/12/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2428267	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
TP	BARNES, ELLEN	800 BROWARD RD., #1203	JACKSONVILLE FL
PD	KINSEY, CALVIN	9482 AUGUST DR	JACKSONVILLE FL
SD	NELSON, ANTONETTE	1865 W EDGEWOOD AVE #15	JACKSONVILLE FL
			100002017371--1 -12/03/96--01022--016 ***175.00 ***175.00
			100002017371--1 -12/03/96--01022--017 ***170.00

8. Name and Address of Current Registered Agent		9. Name and Address of Non-Registered Agent	
KINSEY, BISHOP C. D. 9482 AUGUST DRIVE JACKSONVILLE FL 32228		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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: C.D. Kinsey **SIGNATURE REQUIRED** Date: 9/16/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

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: C.D. Kinsey **SIGNATURE REQUIRED** Date: 9/16/96 768487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
96 NOV 27 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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