


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 AUG 20 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **710310**

1. Corporation Name
God's Faith Tabernacle, INC.

2. Principal Office Address - No P.O. Box #

45260 Dixie Avenue
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1601
Suite, Apt. #, etc.

City & State

Callahan, Florida
Zip Country

City & State

Callahan, Florida
Zip Country

32011

United States

32011

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/04/1966

5. FEI Number

592867788

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

Apostle Linda Midyette

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

45260 Dixie Avenue

Suite, Apt. #, Etc.

City

Callahan

State

FL

Zip Code

32011

400263532074
08/20/14--01024--004 **420.00

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

Apostle Linda Midyette
REGISTERED AGENT MUST SIGN

Date **8/16/14**

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/D	Apostle Linda Midyette	45260 Dixie Avenue	Callahan, Florida 32011
D	Becky Jones	334 Peach Street	Homeland, Georgia 31537
T/D	Belva Carter	2454 Congress Place	Bryceville, Florida 32009
D	Lorraine Weeks	2454 Congress Place	Bryceville, Florida 32009
REINSTATEMENT			
AUG 20 2014			
R. HUNT			

10. E-mail Address: **LindaMidyette@gmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Apostle Linda Midyette - Apostle Linda Midyette **8/16/14 - 904-732074**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #