

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 # 712566

1. Corporation Name

TRUE VINE TRUE HOLINESS CHURCH, INC.

Principal Place of Business

Mailing Address

3102 Lake Avenue
Tampa, FL 33610

P.O. Box 11308
Tampa, FL 33680

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/67

5. FEI Number

59-2506977

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PCD	PCD SIMPSON, H.L. REV.	6643 SR 579	SEFFNER, FL 33584
VCD	REV. LEROY ATKINS	2108 CLINTON STREET	TAMPA, FL 33610
VPD	SIMPSON, DARRYL L	6643 SR 579	SEFFNER, FL 33584
VPD	BRINSON, JESSE J. DEC.	4821 ASHLAND DRIVE	TAMPA, FL 33610
S	CLARKE, CHARLES REV.	15704 PONY PLACE	TAMPA, FL 33624
TD	WILLIAMS, THADDEUS, DEA.	5609 30th ST.	TAMPA, FL 33610

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMPSON, H.L.
6643 SR 579
SEFFNER, FL 33584

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

02/15/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☐

NA

(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:

Bishop H.L. Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/98
Date

246-9025
Daytime Phone #

CR2E640 (1/98)

FILED

98 FEB 19 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 97-98

[Signature] 2/20/98