


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |                                   |   |   |  |  |
|--|-----------------------------------|---|---|--|--|
| <b>APPLICATION<br/>FOR<br/>REINSTATEMENT</b>   |                                   |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |   | <b>FILED</b><br><br>97 JAN 31 PM 2:13<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA  |  |
| <b>DOCUMENT # 716807</b><br>1. Corporation Name<br><b>FAITH TABERNACLE CHRISTIAN CHURCH, INC.</b>  |                                   |   |   |  |  |
| Principal Place of Business<br><b>1026 N.W. Eighth Street<br/>Hallandale, FL 33009</b>   |                                   | Mailing Address<br><b>P.O. Box 4874<br/>Hollywood, FL 33061</b>   |   |  |  |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.  |                                   |   |   |  |  |
| 2. New Principal Office Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |                                   | 3. New Mailing Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>6/27/69</b><br>5. FEI Number<br><b>59-2760698</b><br>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)   | City / State / Zip  |  |  |
| 1  | 2                                 | 3   | 4   |  |  |
| PDCS   | Lowe, Minnie L.                   | 5726 Southwest 18th St.   | Hollywood, FL 33023   |  |  |
| TDC  | Glover, Cleveland Sr.             | 4511 S.W. 24th St.  | Hollywood, FL 33023   |  |  |
| VM   | Green, Wanda                      | 5726 Southwest 18th St.   | Hollywood, FL 33023   |  |  |
| D  | Taylor, Versie M.                 | 212 N.W. 2nd Avenue   | Hallandale, FL 33009  |  |  |
| D  | Rogers, Bessie L.                 | 919 Foster Road   | Hallandale, FL 33009  |  |  |
| D  | Walters, Jimmy                    | 2243 Sheridan St.   | Hollywood, FL 33020   |  |  |
| Doy  | Joyner, James Jr.                 | 5726 Southwest 18th St.   | Hollywood, FL 33023   |  |  |
| 8. Name and Address of Current Registered Agent<br><b>Mitchell, Minnie L. (Lowe)<br/>5726 S.W. 18th St.<br/>Hollywood, FL 33023</b>  |                                   |   | 9. Name and Address of New Registered Agent<br>Name<br><b>CORPORATION SERVICE COMPANY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1201 HAYS STREET</b><br>Suite, Apt. #, Etc.<br>City<br><b>TALLAHASSEE</b> State <b>FL</b> Zip Code <b>32301</b> |  |  |
| 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.<br>Signature of Registered Agent <i>Gail Shelby</i> <b>CORPORATION SERVICE COMPANY, GAIL SHELBY, AS AGENT</b> Date <b>1-31-97</b><br>REGISTERED AGENT MUST SIGN <b>200002077242--0</b><br><b>-02/04/97--01142--007</b><br><b>***306.25 ***306.25</b><br>(See other side for information on intangible tax.)  |                                   |   |   |  |  |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                                   |   |   |  |  |
| 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.<br><b>SIGNATURE: Minnie L. Lowe</b> Date <b>1-30-97</b> Daytime Phone # <b>(954) 921-5500</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |                                   |   |   |  |  |

CR2E040 (12/95)