

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 30 AM 8:00

DOCUMENT # 718171

1. Corporation Name

Davis Temple Church of God in Christ, Inc.

ob GRIFFOLD

2. Principal Office Address

4695 32nd Avenue Beach, FL

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32967

Country

Indian River

3. Mailing Office Address

P.O. Box 1777

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32967

Country

Indian River

**REINSTATEMENT**

02-04  
MRS

4. Date Incorporated or Qualified  
To Do Business in Florida 1998

5. FEI Number  
59-2350139

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

Eligha Pryor, Sr.

Street Address (P.O. Box Number is Not Acceptable)  
4690 38th Ct.

Suite, Apt. #, Etc.

City

Vero Beach,

State  
FL

Zip Code  
32967

400835765494  
05/07/04--01079--018 \*\*358 75

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

*Eligha Pryor, Sr.*

REGISTERED AGENT MUST SIGN

Date 4-28-4

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
Pres	Eligha Pryor, Sr.	4690 38th Ct.	Vero Beach, FL 32967
VP	Alfonso Brown	4656 49th Ave.	Vero Beach, FL 32967
Sec.	Vivian Francis	1585 31st Ave	Vero Beach, FL 32960

10. 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:

*Eligha Pryor, Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-4

Date

Daytime Phone #

CR2081 (01/04)