

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

97-01 UBR

FILED

01 OCT - 1 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719887

1. Corporation Name
THE APOSTOLIC CHURCH OF JESUS
CHRIST, OF PLANT CITY, FLA., INC.

W01000010221

2. Principal Office Address
1408 1/2 E. Baker St.

3. Mailing Office Address
P.O. BOX 1213

Suite, Apt. #, etc.

City & State
Plant City FL. Crystal Springs FL.

Zip Country
33566 U.S.A. 33523 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida 1976

5. FEI Number 59-3729309 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 CHARLES TEXTER
Street Address (P.O. Box Number is Not Acceptable) 34775 EVERGREEN WAY
Suite, Apt. #, Etc.
City RIDGE MANOR FL. State FL Zip Code 33529

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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 *CLW* Date 7-9-01
REGISTERED AGENT MUST SIGN

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/V/D	Rev. CHARLES W. TEXTER	34775 EVERGREEN WAY	RIDGE MANOR FL. 33529
D	Rev. LEONARD ALLEN	1603 BALL ST.	PLANT CITY FL. 33567
D	LARRY CAMPBELL	2201 E. TRAPNELL RD.	PLANT CITY FL. 33566
T/S	BRENDA LEWIS	1402 GORDON RD	PLANT CITY FL. 33566

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 *CLW* Rev. CHARLES W. TEXTER Date 7-9-01 Daytime Phone # (813) 716-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)