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 24 AM 11:13

REINSTATEMENT 03-05

DOCUMENT # 723526

1. Corporation Name
Spiritual Guidance Temple of Truth, Inc.

181 NW 23rd Avenue
Same

2. Principal Office Address		3. Mailing Office Address	
181 NW 23rd Avenue		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Pompano Beach FL		City & State	
Zip: 33069-2624	Country: USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 05/25/1972

5. FEI Number 591809462 — 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: Derek T. Davis

Street Address (P.O. Box Number is Not Acceptable): 9073 SW 20 Place

600038238996
06/24/04--01045--007 **30.25

Suite, Apt. #, Etc.

City: Miramar | State: FL | Zip Code: 33025

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: [signature] REGISTERED AGENT MUST SIGN — Date 06/21/2004

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
PD	Derek T. Davis	9073 SW 20 Place	Miramar, FL 33025
D	Rovenia Drake	1417 NE 152 Terrace	North Miami Beach, FL
D	Robert Dennis	255 SW 3 Avenue, Apt. 107	Deerfield, FL 33441
D	Mildred Sheffield	215 NW 15 Court	Pompano Beach, FL 33060

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: [signature] DEREK T. DAVIS 06/21/2004 954-625-2813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (01/04)