

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723526

1. Corporation Name

Spiritual Guidance Temple of Truth, Inc.

2. Principal Office Address - No P.O. Box #

181 NW 23rd Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

9073 SW 20 Place

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Miramar

Zip

33063-2624

Country

Zip

33025

Country

USA

7. Name and Address of Current Registered Agent

Name

DAVIS, DEREK T.

Street Address (P.O. Box Number is Not Acceptable)

9073 SW 20 Place

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

REGISTERED AGENT MUST SIGN

Date

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	DAVIS, DEREK T.	9073 SW 20 Place	MIRAMAR, FL 33025
D	DRAKE, ROVENIA	1417 NE 152 TERR.	N. MIAMI BCH, FL
D	WILLIAMS, PATRICIA	4140 NW 30TH TERR.	FT. LAUDERDALE, FL 33309

10. E-mail Address: **dtdavis@aol.com**

(To be used for future annual report notification)

11. 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. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/2010

954-549-4713

FILED
10 MAR 17 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800172441898
03/17/10--01039--008 **358.75

REINSTATEMENT

08-10

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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.