

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 19 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728820

Corporation Name
PENTECOSTAL TEMPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business Mailing Address
2230-22nd Street South
St. Petersburg, FL 33712

REINSTATEMENT 88-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2-15-74	
City & State		City & State		5. FEI Number	
Zip		Country		00-3471562	
				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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO-D	ANDERSON, William E., Sr.	681 Jasmine Way S.	St. Petersburg, FL 33705
C-D	HOLCOMBE, Sam, Jr.	4400 Columbus Way S.	St. Petersburg, FL 33712
VO-D	LAWSON, William	2442-27th Street S.	St. Petersburg, FL 33712
T	NEAL, Eva Pearl	2221 Union St. S.	St. Petersburg, FL 33712
S	HOLCOMBE, Nancy	2526 Irondale St. S.	St. Petersburg, FL 33705

8. Name and Address of Current Registered Agent

Joseph Anderson, Jr., Deceased

Name: William E. Anderson, Sr.
Street Address (P.O. Box Number is Not Acceptable): 681 Jasmine Way
City: St. Petersburg, FL 33705
Zip: 33705
Phone: 800002464298-7
Fax: -03/20/98--01122--012

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.

Signature of Registered Agent: *William E. Anderson*
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided in chapter 607 of the Florida Statutes, that 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: *William E. Anderson* 2/28/98 (813) 864-2884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)