PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLORIDA DEPARTMENT OF STATE	·
CORPORATION REINSTATEMENT	Secretary of State	FILED
	DIVISION OF CORPORATIONS	07 JUN 28 PM 3: 54
DOCUMENT # 732621		SECRETANICS
1 Corporation Name		TALLAHASSEE, FLORIDA
Royal Temple Pentecostal Holiness Church, INC.		AR .
2. Principal Office Address - No P O. Box #	3. Mailing Office Address	BEINIETISTERIENT 02-07
Suite, Apt. #, etc.	1901 (1: colo hec Circl Suite, Apt. #, etc.	A STATE OF THE PROPERTY OF THE
,	#1220	4. Date Incorporated or Qualified To Do Business in Florida OH 3d 1975
City & State	City & State	5. FEI Number
Zip Country	Zip Country	Not Applicable
32701 USA	AZN EOFCE	CERTIFICATE OF STATUS DESIRED STATUS CONTINUES
	f Current Registered Agent	
Name Dariel Sims Sr.		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)		the prior notices. By checking this box, you
Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
City Apoplea	State Zip Code FL 32703	fee be waived.
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 Date (25/07		
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 Directo	
PD Pastor Daviel Sins 3, 1901 Micole Lee Cir. Apople IL. 32703		
VD Evangelist Dorothy Sins 1901 Mical Les Cir. Apoples FL 32703		
D Elder Willie Sims 1610 Callie Circle Apople Fr. 32703		
T Sis. Geraldin Sins 7018. Ivey Lane Orlando, Tr. 32811		
S Miss. Theresa Sins 1601 Callie Circle Apoplea Fr. 32703		
600104984616 06/28/0701045008 **306.25		
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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date		