


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 22 PM 1:19

DOCUMENT # **733142**

1. Corporation Name  
**FAITH TEMPLE ASSEMBLY OF GOD, INC.**

Principal Place of Business Mailing Address  
**504 MICHIGAN AVE. 504 MICHIGAN AVE.**  
**PENSACOLA FL 32505 PENSACOLA FL 32505**

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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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **06/23/1975**

5. FEI Number **59-2513908** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WALKER, JULIAN C REV	7700 LEGRANDE DRIVE	PENSACOLA FL
D	FARRINGTON, TERRY	1805 W. TEN MILE ROAD	CANTONMENT FL 32533
S	BOCZ, AARON	7913 TERRILYNN LN.	PENSACOLA FL
V	WOOD, JAMES	10031 ASHTON BROSNAHAM ROAD	PENSACOLA FL
T	WILKINS, RANDALL	2190 INDA AVE	PENSACOLA FL 32526
D	GOODRICH, VERN	1841 HALLMARK LN.	PENSACOLA FL

8. Name and Address of Current Registered Agent

WALKER, JULIAN C REV  
 7700 LE GRANDE DRIVE  
 PENSACOLA FL 32514

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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 *Rev. Julian C. Walker* Date 10/15/01  
 REGISTERED AGENT MUST SIGN

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 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: *James R. Wood* **JAMES R. Wood** Date 10/15/01 (850) 432-6911  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)