

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 3:22

DOCUMENT # **733489**

1. Corporation Name

**HOLY TEMPLE OF GOD, INCORPORATED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT 03**



400023738804  
10/13/03--01012--012 \*\*245.00

Principal Place of Business

Mailing Address

% LANDMARK HOLY TEMPLE OF GOD  
1220 N.E. 23RD AVENUE  
GAINESVILLE FL 32609  
US

P. O. BOX 975  
GAINESVILLE FL 32602

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

08/05/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2786486

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$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(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CAMPS, WALTER SR.	3015 NE 13TH DRIVE	GAINESVILLE FL 32609
VD	HUTCHINSON, HARVEY JR.	3869 SE 9 LANE	MELROSE FL 32666
VD	BRYANT, MAMIE	113 BIG APPLE ROAD	EAST PALATKA FL 32131
RS	<del>CAMPS, WILMA R</del> CAMES	3015 NE 13TH DRIVE	GAINESVILLE FL 32609
RS	JACKSON, ALONZO	P. O. BOX 1221	SAN MATEO FL 32187
RS	MCCULLOUGH, CARL	687 ST.ANDREWS CIRCLE	RANTOUL IL 61866

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NELSON, WANDA J  
1246 NE 16TH PLACE  
GAINESVILLE FL 32609

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Wanda J. Nelson*  
REGISTERED AGENT MUST SIGN

Date 10/11/03

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:

*Walter Camps Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

Daytime Phone #

CR2ED40 (7/03)