

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

DOCUMENT # **737096**

00 OCT 17 AM 11:54

1. Corporation Name

**FAITH TEMPLE ASSEMBLY OF GOD, INC., OF PLANT CITY, FLORIDA**

Principal Place of Business

Mailing Address

4240 FRONTAGE RD. N.  
PLANT CITY FL 33565-9404

4240 FRONTAGE RD. N.  
PLANT CITY FL 33565-9404



**REINSTATEMENT**

*00*

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.		10/21/1976	
City & State		City & State		5. FEI Number	
Zip		Country		59-1453436	
				Applied For	
				Not Applicable	
				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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S	ALMON, GAYLE	3012 E WILLIAMS RD	PLANT CITY FL
V	FUTCH, FRANK W	7018 O'DONIEL LOOP W	LAKELAND FL
P	SULLIVAN, E W	4270 FRONTAGE RD NO	PLANT CITY FL
D	ALMON, SCOTT	3923 WOODBURN LOOP E	LAKELAND FL
D	HORNER, JACK	4007 PINDA PALM CT	PLANT CITY FL
D	GREEN, EUGENE	4730 KNIGHTS STATION RD	LAKELAND FL 33801

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRINKLE, ROBERT S.  
306 WEST REYNOLDS ST.  
PLANT CITY FL

Name

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

100003440971--3

Suite, Apt. #, Etc.

-10/26/00--01088--017

City

\*\*\*\*245.00 \*\*\*\*245.00

State

Zip Code

FL

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

*[Signature]*  
**REGISTERED AGENT MUST SIGN**

Date 10/13/00

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

*[Signature]*  
**REGISTERED AGENT MUST SIGN**  
E.W. Sullivan

10-13-00

813-752-0532

Date

Daytime Phone #