

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
99 AUG 16 AM 9:22

STATE OF FLORIDA

DOCUMENT # 740188

1. Corporation Name

The True Born Church of Christ of the Apostolic Faith, Inc.

Principal Place of Business

Mailing Address

5190 Breckenridge Place #50
West Palm Beach, Florida 33417

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

REINSTATEMENT 94-99

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.		09-20-77	
City & State		City & State		5. FEI Number	
Zip		Country		50-1196006	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Joseph Richardson, Sr.	5190 Breckenridge Pl #50	West Palm Beach, FL 33417
T	Elaine Grimes	1933 Hiltonia Circle	West Palm Beach, FL 33407
T	Matthew Richardson	2220 N. Australian Avenue	West Palm Beach, FL 33407
			200002970382- -2
			-08/26/99--01006--002
			*****542.50 *****542.50

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Joseph Richardson 5190 Breckenridge Place #50 West Palm Beach, FL 33417		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc	
		City	
		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.

Bishop Joseph Richardson

Signature of Registered Agent: *Bishop Joseph Richardson* Date: 7-13-99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: *B. Joseph Richardson* 7-1399-561-840-0775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone *

CR2E081 (12/98)