

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  
 TALLAHASSEE

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.

*[Handwritten signature]*

**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 <b>09-20-77</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>50-1196006</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	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

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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 <b>FL</b>

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* REGISTERED AGENT MUST SIGN Date: **7-13-99**

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7-13-99** Daytime Phone #: **561-840-0775**

CR2E081 (12/98)