

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAY -7 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 760155

1. Corporation Name

TEMPLE OF PRAYER CHURCH INC.

02-06-08 01013 916 \$ 612.50

**REINSTATEMENT**

CR2E081 (12/07)

02-08

2. Principal Office Address - No P.O. Box #

306 TAMPA AVENUE NORTH

Suite, Apt. #, etc.

3. Mailing Office Address

16922 NW 83rd Avenue

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

MIAMI LAKES

Zip

32805

Country

ORANGE

Zip

33016

Country

MIAMI-DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

BISHOP JULIAN C. JACKSON

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

16922 NORTHWEST 83rd AVENUE

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33016

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Bishop Julian C. Jackson*  
REGISTERED AGENT MUST SIGN

Date May 3, 2008

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JACKSON, BISHOP JULIAN C.	16922 NW 83rd AVENUE	MIAMI LAKES, FL 33016
D	WASHINGTON, REV. ISAIAH	306 TAMPA AVENUE NORTH	ORLANDO, FL 32805
D	WASHINGTON, LISA	1050 LONG BRANCE LANE	OVIEDO, FL <del>32765</del>

10. 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 contained in Chapter 119, 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:

*Bishop Julian C. Jackson*

Bishop Julian C. Jackson 05/03/08 (305) 821-3692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #