

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 SEP 15 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 857715

**1. Corporation Name**

The True-Way Apostolic Church  
of Jesus Christ, Inc

**2. Principal Office Address**

5336 Benbostic Rd

Suite, Apt. #, etc.

City & State

Quincy

Zip

32351

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

Same

City & State

Zip

Country

**REINSTATEMENT**

01-06

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/13/1983

**5. FEI Number**

23-7133030

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

Fitten, Willie R.

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

5336 Benbostic Rd.

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

**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 Willie R Fitten

REGISTERED AGENT MUST SIGN

Date

**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
Pd	Willie Fitten	5336 Benbostic Rd	Quincy, FL 32351
VT	Mitchell, Jerome	11945 Blue Star Hwy	Quincy, FL 32351
SD	Allen, John	308 Pat Thomas	Quincy, FL 32352
AS	Allen, Jacqueline	1630 Elm St.	Quincy, FL 32351

**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 Willie R Fitten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #