

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 OCT 27 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 32877

1. Corporation Name
Thompson's Temple Church of God And
Christ International, Inc.

W97-23742

Principal Place of Business Mailing Address

680 N.W. 71 STREET
MIAMI, FLORIDA 33150

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 Reclassified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		200002333282--6 -10/29/97--01126--016	
City & State		City & State		5. FEI Number *****411.00 *****411.00	
Zip		Zip		59-2388306 Not Applicable	
Country		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)

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
PO	Laurester Thompson	680 N.W. 71 street	MIAMI, FL 33150
SO	CONNIE, COX	680 N.W. 71 street	MIAMI, FL 33150
TD	Alfreda, Edwards	680 N.W. 71 Street	MIAMI, FL 33150

REINSTATEMENT

8. Name and Address of Current Registered Agent

MARGUERITE Boursignot
6710 N.W. 5th Ave.
MIAMI, Florida 33150

9. Name and Address of New Registered Agent

Name MARGUERITE Boursignot
Street Address (P.O. Box Number is Not Acceptable)
6710 N.W. 5th Ave.
Suite, Apt. #, Etc.
City MIAMI
FL 33150

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 HARGUE Marguerite Boursignot
REGISTERED AGENT MUST SIGN
Date 10/29/97
*****250.00 *****250.00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Laurester Thompson Laurester Thompson President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/25/97
Daytime Phone 305 757-1230

CR2E040 (12/96)