

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -4 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M32877

1. Corporation Name

THOMPSON'S TEMPLE CHURCH OF GOD AND CHRIST INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

680 N.W. 71 STREET
MIAMI FL 33150

680 N.W. 71 STREET
MIAMI FL 33150

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

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2388306

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	THOMPSON, LANCASTER	680 NW 71ST ST	MIAMI FL 33150
SD	COX, CONNIE	680 NW 71ST ST	MIAMI FL 33150
TD	EDWARDS, ALETHA	680 NW 71ST ST	MIAMI FL 33150
			LS 800003532528--3 -01/11/01--01035--019 *****236.25 *****236.25 800003532528--3 -01/11/01--01035--020 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOURSIQUOT, MARQUERITA
6710 NW 5TH AVE
MIAMI FL 33150

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Marquerita Boursiquot
REGISTERED AGENT MUST SIGN

Date 12/17/00

11. 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:

Lancaster Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/00 305 624 0788

CR2040 (8/00)