

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 21 AM 8:00

DOCUMENT # N80000001057

1. Corporation Name

Charlotte's Faith and Deliverance
Temple

REINSTATEMENT 03-04

2. Principal Office Address

P.O. Box 1595

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1595

Suite, Apt. #, etc.

City & State

Crawfordville FL

Zip
32326

Country
US

City & State

Crawfordville FL

Zip
32326

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

2000

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

Elder Alice Williams

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

1204 Richview Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Alice Williams

REGISTERED AGENT MUST SIGN

Date

5-18-04

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
Dir	Alice Williams	P.O. Box 1595	Crawfordville FL 32326
Dir	Machelle Wiggins	1204 Richview Rd.	Tallahassee FL 32301
Dir	Maria Liggins	1075 Fairview Dr.	Tallahassee FL 32301

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 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:

Machelle Wiggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-18-04

Daytime Phone #

850-878-9384

CR2E081 (10/02)

292

5-18-04

This is a request for reinstatement for Charlotte's Faith and Deliverance Temple, a local nonprofit organization. The ²⁰⁰³ 2 uniform business reports were received at P.O. Box 1595. Pastor Williams have been having some conflicts with local carriers about mail not getting into her box.

I recently mailed this letter in, you returned the letter, dissolution of business, and the ³⁵ \$6~~150~~00 for invalid fee. I called for clarity and was explained that 2003 and 2004 fee must be paid \$6~~150~~00 = 122.50

I am enclosing the \$122.50 fee for 2003/2004 and the reinstatement application. Thank you for your assistance with this matter.

CK #1233 122.50 enclosed

Director Ms. Michelle Higgins
Mrs. Alice Williams