

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000001414

1. Corporation Name

VISION TEMPLE MINISTRIES, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -4 AM 9:33

Principal Place of Business

715 DANIEL AVE.
BROOKSVILLE FL 34601

Mailing Address

715 DANIEL AVE.
BROOKSVILLE FL 34601

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2000

5. FEI Number

59-3663862

Applied For

Not Applicable

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
DP	CARR, JOHN E	19336 FENWICK RD.	BROOKSVILLE FL 34601
DAP	CARR, GERALDINE L	19336 FENWICK RD.	BROOKSVILLE FL 34601
DTC	PICKETT, DEACON ROBERT Delete	19336 FENWICK RD.	BROOKSVILLE FL 34601
DS	CARR, TAWANIA L	322 WALKER AVE.	BROOKSVILLE FL 34601
DTC	Jeffery McNamee	212 Hernando Street	Brooksville FL 34601
D	Jeffery McNamee	631 W. Ft. Dade Ave	Brooksville FL 34601

8. Name and Address of Current Registered Agent

CARR, JOHN E
19336 FENWICK RD.
BROOKSVILLE FL 34601

9. Name and Address of New Registered Agent

Name

CARR, John E.

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

14252 Springhill Drive

Suite, Apt. #, Etc.

City

Springhill

State

FL

Zip Code

34609

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-4-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

400008776504
11/04/02--01026--007 **236.25

11-4-02

Date

Daytime Phone #

CR2E040 (8/02)