

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JUN -5 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100130889831  
06/06/08--01010--022 \*\*183.75

06-08

DOCUMENT # N 0000000 1414

1. Corporation Name

Vision Temple ministry INC.  
715 DANIEL AVE.  
Brooksville, FLA 34601

2. Principal Office Address - No P.O. Box #

715 DANIEL AVE

3. Mailing Office Address

715 DANIEL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville, FLA

City & State

Brooksville, FLA

Zip

34601

Country

Hernandez

Zip

34601

Country

Hernandez

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

1999

5. FEL Number

59-3063802

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

John E. Carr

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

18048 SANDKWOOD AVE

Suite, Apt. #, Etc.

City

Brooksville, FLA

State

FL

Zip Code

34601

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Signature]*

Date 6-5-08

REGISTERED AGENT MUST SIGN

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
DP	JOHN E. CARR	18048 SANDKWOOD AVE	Brooksville, FLA 34601
DAP	Geraldine L. Carr	18048 SANDKWOOD AVE	Brooksville, FLA 34601
DS	TAWANIA L. CARR	18048 SANDKWOOD AVE	Brooksville, FLA 34601
D	Ebony B. Carr	18048 SANDKWOOD AVE	Brooksville, FLA 34601
DTC	Flora Davis	511 LAMAR AVE	Brooksville, FLA 34601

10. I certify that I am an officer or director of 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-08 352-279-2791

Date

Daytime Phone #

6/5/08