

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
97 FEB 18 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00296**

1. Corporation Name
Faith Tabernacle Church, Inc.

Principal Place of Business Mailing Address
6711 SW 63rd LANE Gainesville, Fl. 32608 **1527 Gandy Street Jacksonville, Fl 32209**

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 Qualified To Do Business in Florida	
Suite, Apt #, etc. SAME AS ABOVE		1527 GANDY STREET Suite, Apt #, etc.		1982	
City & State		City & State		5. FEI Number	
JAK FL		JAK FL		59-3140190	
Zip		Country		Applied For	
32209		DUVAL		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				3.75 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
D/President	Larry D. Mitchell	6711 SW 63rd LANE	Gainesville, Fl 32608
D/P.	Bonnie R. Mitchell	6711 SW 63rd LANE	Gainesville, Fl 32608
Sec/D	Queen V. Hicks	8179 Galaxy DR	Jacksonville, Fl 32244
			400002091214--9
			-02/18/97--01111--006
			****646.25 ****542.50
REINSTATEMENT 92-97			

8. Name and Address of Current Registered Agent

Larry D. Mitchell
6711 SW 63rd LANE
Gainesville, Fl 32608

9. Name and Address of New Registered Agent

N/A

Name

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

Suite, Apt. #, Etc. **N/A**

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 **Larry D. Mitchell** REGISTERED AGENT MUST SIGN Date **2/18/97**

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: **Charlene Boyer** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/18/97** Daytime Phone # **880-5643**

CREC040 (12/96)