


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 FEB 14 PM 3: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 0406 000065860100 02/15/06--01002--008 **408.00
DOCUMENT # N01000004219			
1. Corporation Name Temple of God Baptist Church, Inc.			
2. Principal Office Address 105 Sandra St.		3. Mailing Office Address P.O. Box 1176	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Perry Fl.		City & State Perry, Fl.	
Zip 32348	Country Taylor	Zip 32348	Country Taylor
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 59-3734936	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Gail W. French			
Street Address (P.O. Box Number is Not Acceptable) P.O. Box 1176 105 Sandra St.			
Suite, Apt. #, etc.			
City Perry		State FL	Zip Code 32348
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 Gail W. French		Date 2/13/06	
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
Trustee	JoAnn Greene	107 N Beverly	Perry, Fl. 32348
Trustee	Viola Woodfaulk	130 Glenn St.	Perry, Fl. 32348
Trustee	Jessie Alexander	102 W. Kennedy St.	Perry, Fl. 32348
Trustee	Earlene Simmons	106 1/2 Beverly St.	Perry, Fl. 32348
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 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]		Date 02-14-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	