

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 26 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000006906

1. Corporation Name

HOLY GHOST FAITH TEMPLE, INC

2. Principal Office Address

11700 W GOLF DR

Suite, Apt. #, etc.

3. Mailing Office Address

11700 W GOLF DR

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FLORIDA

Zip

33167

Country

Zip

33167

Country

**4. Date Incorporated or Qualified
To Do Business In Florida**

09/27/2001

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

WILLIE DEAN JAMES

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

11700 W GOLF DRIVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33167

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

Willie D James

Date

11/12/03

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
DPC	WILLIE DEAN JAMES	11700 W GOLF DR	MIAMI FL. 33167
DTS	RACHEL ROSS	759 NW 101 ST	MIAMI FL. 33150
VM	PATRICIA BETTON	1338 NW 59 ST	MIAMI FL. 33142

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:

Willie D James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/03 (305) 687-6190

Daytime Phone #

CP21081 (10/02)

HOLY GHOST FAITH TEMPLE, INC

11700 W GOLF DRIVE
MIAMI FL. 33167
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January 13, 2004

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, fl. 32314

To Whom It May Concern:

I am hereby notifying the division of corporation that we did not received our notice to file my UBR report for 2003. However, after explaining this dilemma to your office I was told to submit reinstatement documentation along with the fees for the first notice.

I submitted this request. However, unfortunately your office did not receive our check. Please find enclosed the applicable fee of \$61.25 and an additional fee of \$61.25 for 2004.

Please review my case and exempt me from late filing fees. My document number is N01000006306. Please contact my office if any further information is required.

Thank you,


Willie James
President