

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 DEC 26 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N02000000523

1. Corporation Name

JOHNSON'S MIRACLE TEMPLE, INC.

2. Principal Office Address

1135 DOVE ST

Suite, Apt. #, etc.

City & State

NORTH MELBOURNE FL

Zip

32935

Country

USA

3. Mailing Office Address

1135 DOVE ST

Suite, Apt. #, etc.

City & State

N. MELBOURNE FL

Zip

32935

Country

USA

REINSTATEMENT

CR2E081 (12/05)

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

011702

5. FEI Number

59-3229500

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

DIANE PHILLIPS

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

843 PEYTON AVE SW

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32908

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

Diane Phillips

REGISTERED AGENT MUST SIGN

Date DEC. 20, 2006

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
PD	DIANE PHILLIPS	843 PEYTON AVE SW	PALM BAY FL 32908
TD	CHARLES JERRY	2708 MAIN ST	MELBOURNE FL 32901
SD	DEBORAH CARTER	309 S. OCEAN DR, APT 1	FT PIERCE FL 34949
VTD	LORENZO PHILLIPS	843 PEYTON AVE	PALM BAY FL 32908

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: *Diane Phillips* DIANE PHILLIPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

122006
Date

321 676 5171
Daytime Phone #

JOHNSON'S MIRACLE TEMPLE, INC.

282

1135 Dove Street
N. Melbourne, FL 32935
Phone (321) 676-5171

December 20, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF: REINSTATEMENT OF INCORPORATION
Document Number: N02000000523

Dear Sir/Madam:

I would like to update our Articles of Incorporation by paying for the last two years of delinquent corporation fees. I was never appraised of these fees and never got a renewal notice, 2005 or 2006. I was so surprised when I learned that we were dissolution for being inactive.

We have not been inactive rather we have grown and made positive improvements in our organization.

Please update our Articles of Incorporation.

Sincerely,



Diane Phillips
Pastor/CEO