

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 21 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000004623**

1. Corporation Name

Harvest Temple Ministries

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

1109 Hwy 315N

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Bx 53

Suite, Apt. #, etc.

City & State

Grandin, FL

City & State

Grandin, FL

Zip

32138

Country

USA

Zip

32138

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

6-18-02

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

Edward L. Davis, Sr

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

1109 Hwy 315 N

Suite, Apt. #, Etc.

City

Grandin

State

FL

Zip Code

32138

☒ 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

Edward L. Davis, Sr.
REGISTERED AGENT MUST SIGN

Date

12/21/09

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
CEO	Edward L. Davis, Sr.	c/o P.O. Box 53	Grandin, FL 32138
Secretary	Shirley D. Davis	P.O. Bx 53 Grandin, FL	Grandin, FL 32138

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10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Edward L. Davis, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/21/09

Daytime Phone #