

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 NOV 25 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000005747**

1. Corporation Name

Ball's Temple First Born Church of Orlando, Inc.

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

1977 Bruton Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1977 Bruton Blvd.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32805

Country

USA

Zip

32805

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida **9/2003**

5. FEI Number

05-05-44963

☒ 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

Bishop Herbert Cohen

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

3824 Leonard Circle West

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32209

☒ 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

See attached

Date

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
Dea.	Henry N. Turner	560 Peterson Place	Orlando, FL 32805
Dea.	Refus J. Holloway	2254 OKADA Court	Orlando, FL 32818
Dea.	Richard L. Cohen	1831 30th St.	Orlando, FL 32805

REINSTATEMENT
03-08

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:

Henry N. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-17-08

Daytime Phone #

11/25/2008 10:58

8502455817

DIVISION OF CLERK

Page 11/2/17

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