


#367.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W080000 34527	FILED 2008 JUL 21 PM 1:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100133223411 07/21/08--01053--001 **367.50 REINSTATEMENT CR2E081 (12/07)
DOCUMENT # <i>No 2000008979</i>			
1. Corporation Name <i>Miracle Faith Temple Church of God In Christ, Inc.</i>			
2. Principal Office Address - No P.O. Box # <i>1080 NE 16th Ave.</i>		3. Mailing Office Address <i>3135 NW 3rd St.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Okeechobee, FL</i>		City & State <i>Okeechobee, FL</i>	
Zip <i>34972</i>	Country <i>USA</i>	Zip <i>34972</i>	Country <i>USA</i>
4. Date Incorporated or Qualified To Do Business in Florida <i>11-20-2002</i>			
5. FEI Number <i>59-2459619</i>			Applied For <input type="checkbox"/> Not Applicable
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 <i>Titus Henderson</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>3844 NW 16th Avenue</i>			
Suite, Apt. #, Etc.			
City <i>Okeechobee</i>		State <i>FL</i>	Zip Code <i>34972</i>
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 <i>Titus Henderson</i>		Date <i>7-16-08</i>	
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
<i>President</i>	<i>Charlie M. Henderson</i>	<i>907 NE 17th Ave.</i>	<i>Okeechobee, FL 34972</i>
<i>Vice-President</i>	<i>Titus Henderson</i>	<i>3844 NW 16th Ave.</i>	<i>Okeechobee, FL 34972</i>
<i>Secretary</i>	<i>Twyla Blair</i>	<i>3135 NW 3rd St.</i>	<i>Okeechobee, FL 34972</i>
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: <i>Charlie M. Henderson</i>		Date <i>7-16-08</i>	Daytime Phone # <i>863-763-1832</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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