

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -5 PM 4:35

DOCUMENT # 003000004281

1. Corporation Name

Truth International Fellowship of
Churches, Inc.

2. Principal Office Address

16400 NW 15th AVE

Suite, Apt. #, etc.

City & State

Miami Gardens FL

Zip Country

33169 USA

3. Mailing Office Address

16400 NW 15th AVE

Suite, Apt. #, etc.

City & State

Miami Gardens FL

Zip Country

33169 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/2003

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

Sabrina G. Butler

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

5740 NW 54th Lane

Suite, Apt. #, Etc.

City

Tamarac

State
FL

Zip Code

33319

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

Sabrina Butler

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
PD	James E. Wright, Jr.	811 NW 119 th St	Miami FL 33168
VD	Jacqueline S. Wright	811 NW 119 th St	Miami FL 33168
T	Sullie M. Kemp	811 NW 119 th St	Miami FL 33168
			12/12/05

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:

James E. Wright, Jr.

Date

Daytime Phone #

(305) 628-0982