

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 23 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000007713

1. Corporation Name

W07-13955

Purge & Praise Temple of God Incorporated

200102649332
05/16/07--01040--024 **236.25

REINSTATEMENT 04-07

CR2E081 (1/07)

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

3. Mailing Office Address

3506 Okeechobee Rd

104 Camelot Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce FL

City & State

Fort Pierce FL

Zip

Country

34947

St. Lucie

Zip

Country

34946

St. Lucie

4. Date Incorporated or Qualified
To Do Business in Florida

5. FSC 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

JERRY L GIBSON

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

104 Camelot Drive

Suite, Apt. #, Etc.

City

Fort Pierce Florida

State

FL

Zip Code

34946

☒ 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

Jerry L. Gibson

Date March 14, 2007

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
P	Maggie Gibson	104 Camelot Drive	Fort Pierce FL 34946
T	Katherine Bennett	400 N 21 St.	Fort Pierce FL 34950
S	Betty Virgin	507 N 44 St.	Fort Pierce FL 34950

200102649332
05/16/07--01040--025 **218.75

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:

Bettie H. Virgin Bettie H. Virgin

March 14, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

24/27