

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 FEB -5 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000000829

1. Corporation Name

TRUE Holy Anointed Temple, Inc

700088909187

02/21/07--01030--026 **358.75

700088909187

02/21/07--01030--027 **8.75

CR2E081 (1/07)

2. Principal Office Address, No P.O. Box

780 W. Canton Ave

3. Mailing Office Address

PO Box 180962

Suite Apt # etc

Suite Apt # etc

City & State

Winter Park, FL

City & State

Casselberry, FL

Zip

32789

ORANGE

Zip

32718

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

1/26/04

73-1677033

☒ 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

Gossie S. FREEZE, SR

108 USA LOOP

Winter Springs

State
FL

32708

☐ 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

Gossie S. Freeze Sr.
REGISTERED AGENT MUST SIGN

Date

2/2/07

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	Gossie S FREEZE, SR	108 USA loop	Winter Springs FL 32708
V	Mildred FREEZE	108 USA Loop	Winter Springs, FL 32708
S	Joseph Jones	1213 Oak Street	Altamonte Springs, FL 32701
T	Esperanza M LOWMAN	1435 Glenmore Dr.	Apopka FL 32712
T	Jimmie L Lowman, JR	1435 Glenmore Dr.	Apopka FL 32712

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:

Gossie S. Freeze Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/07

Daytime Phone #

407-327-2524

2/15/07