

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 APR 15 PM 2:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704000008518
1. Corporation Name
Temple of Power Ministries, Inc

2. Principal Office Address - No P.O. Box #
565 Glover St
Suite, Apt. #, etc.

3. Mailing Office Address
1613 Bates Ave
Suite, Apt. #, etc.

City & State
Eustis FL

City & State
Eustis FL

Zip
32736 Country

Zip
32736 Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
20-3435177 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
Harold J. Kelly

Street Address (P.O. Box Number is Not Acceptable)
2241 Jennah Circle

Suite, Apt. #, Etc.

City
Eustis State FL Zip Code 32735

REINSTATEMENT
11-13
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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 _____ Date APR 15 2013

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
	<u>Harold J Kelley</u>	<u>2241 Jennah Circle</u>	<u>Eustis, FL 32726</u>
	<u>Treva L Kelly</u>	<u>2241 Jennah Circle</u>	<u>Eustis, FL 32726</u>
<input checked="" type="checkbox"/>	<u>Sherrod Thomas</u>	<u>565 Glover St</u>	<u>Eustis, Fla. 32726</u>

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Harold J. Kelly Date 4/15/13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #