

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

358.75
8.75
367.50

FILED


2008 SEP -4 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200135373272
09/04/08--01038--007 **892.50

CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # **NS4000010005**

1. Corporation Name

**Faith Temple Fellowship Ministry
Church of Christ Written In Heaven**

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

2133 Wishart St.

3. Mailing Office Address

2133 Wishart St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

Country

32208

Zip

Country

32207

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0564934

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

Mr. Gregory Davis

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

7806 Laxton Cir W.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32208

☐ 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.

**REINSTATEMENT
06-08**

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

Mr. Gregory Davis

REGISTERED AGENT MUST SIGN

Date

6/24/08

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
Pres	Gregory Davis	7806 Laxton Cir W.	Jacksonville, FL 32208
V Pres	Brenda Smith	790 Sabalo Dr	Atlantic Beach FL 32233
Sec	Loretta Brooks	2468W Shelby Creek Rd	Jacksonville FL 32211
Treas	Robert J. Jones	10350 Loxley Cir S. Jax	FL 32219
Treas	Beverly H. Weed	3465 Phillips Hwy #1015	Jax. FL 32207
Treas	Robert A. Harris	4000 Anderson Woods Dr	Jax. FL 32218

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:

GREGORY DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/24/08

Daytime Phone #