

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 # NSA000010005

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.

City & State
Jacksonville, FL

Zip
32208

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
05-0561934

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
<input checked="" type="checkbox"/>	<u>Pres Gregory Davis</u>	<u>7806 Laxton Cir W.</u>	<u>Jacksonville, FL 32208</u>
<input checked="" type="checkbox"/>	<u>V.Pres Brenda Smith</u>	<u>790 Sabalo Dr</u>	<u>Atlantic Beach FL 32233</u>
<input checked="" type="checkbox"/>	<u>Sec Loretta Brooks</u>	<u>2468W Shelbycreek Rd</u>	<u>Jacksonville FL 32211</u>
<input checked="" type="checkbox"/>	<u>Treasurer TERRY J. JONES</u>	<u>10350 LAUREL OCEAN S. JAX FL 32219</u>	<u>JAX FL 32219</u>
<input checked="" type="checkbox"/>	<u>Trustee BEVERLY H. WEEED</u>	<u>3465 Phillips Hwy # 1015</u>	<u>JAX. FL. 32207</u>
<input checked="" type="checkbox"/>	<u>Trustee Robert A. Harris</u>	<u>4000 Anderson Woods Dr</u>	<u>Jax. FL 32218</u>

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
6/24/08

Daytime Phone #