

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 05000000150

1. Corporation Name

Ridley Temple Church of God In Christ, Inc.

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

102 SW 12th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 243571

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

City & State

Boynton Beach, Florida

Zip

33444

Country

USA

Zip

33424

Country

USA

7. Name and Address of Current Registered Agent

Name

Thomas H. Moore

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

215 NW 5th Ave.

Suite, Apt. #, Etc.

City

Boynton Beach,

State

FL

Zip Code

33435

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

Thomas H. Moore

REGISTERED AGENT MUST SIGN

Date

1/22/10

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
DP	Thomas Moore	215 W. 5th Ave.	Boynton Beach FL 33435
DS	Phyllis Reed	7320 Sunny Hill Terr.	Lantana, FL 33462
DT	Horace Baker	2700 NE. 4th Street	Boynton Beach, FL 33435

**M. MILLIGAN
EXAMINER**

FEB 10 2010

10. E-mail Address: JoyceLavern@BellSouth.net

(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., 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.

SIGNATURE:

Thomas H. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/10

DayTime Phone #

FILED

10 FEB 10 PM 4:49

OFFICE OF STATE
TALLAHASSEE, FLORIDA

06-10

REINSTATEMENT

200168443732

02/10/10--01032--011 **306.25

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida

JAN 5, 2005

5. FEI Number

201951081

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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.