

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT 19 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000000 2718

1. Corporation Name

Church of God House of Truth, Inc.

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

1130 NW 19ST

Suite, Apt. #, etc.

3. Mailing Office Address

1130 NW 19ST

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

City & State

Ft Lauderdale FL

Zip

33311

Country

Brwd

Zip

33311

Country

Brwd

REINSTATEMENT

2010-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

March 8, 2006

5. FEI Number

01-0741784

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

Tony Weaver

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

1130 NW 19ST

Suite, Apt. #, Etc

City

Ft Lauderdale

State

FL

Zip Code

33311

000240923300
10/17/12--01017--009 **358.75

000240923300
10/17/12--01017--010 **8.75

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

Tony Weaver

REGISTERED AGENT MUST SIGN

Date 10-14-12

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
PD	Tony Weaver	1130 NW 19 ST	Ft Lauderdale FL 33311
VD	Charles Lowrey	500 SW 28 TH Ter	Ft Lauderdale FL 33312
TD	Roslyn Plummer	7261 NW 16 ST B226	Plantation FL 33313
			S. HAWKES
			OCT - 2012

10. E-mail Address:

(To be used for future annual report notification)

EXAMINER

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:

Tony Weaver Tony Weaver

10-14-12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #