

2004 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -9 AM 7:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N08990**

1. Corporation Name

THE TEMPLE OF TRUE FAITH, INC.

REINSTATEMENT 03-04

2. Principal Office Address

3. Mailing Office Address

REV. SANDERS H. TROUTMAN **REV. SANDERS H. TROUTMAN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13768 76th STREET BOX 1437

City & State

City & State

LIVE OAK, FL. **LIVE OAK, FL.**

Zip

Country

Zip

Country

32064 SWANNEE **32064 SWANNEE**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

59-2582752

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TROUTMAN SANDERS H. REV.

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

13768 76th STREET

Suite, Apt. #, Etc.

City

LIVE OAK

State

FL

Zip Code

32064

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

S. H. Troutman

3 Date **4-04**

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
PD	TROUTMAN SANDERS H. REV.	13768 76 th STREET	LIVE OAK, FL. 32064
VD	TROUTMAN ELIZABETH	13768 76 th STREET	LIVE OAK, FL. 32064
SD	GROSS SHAZONDA	13768 76 th STREET	LIVE OAK, FL. 32064
TD	TROUTMAN TAMMY L.	13768 76 th STREET	LIVE OAK, FL. 32064

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 under section 119.07(3)(i), 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:

S. H. Troutman

SANDERS H. TROUTMAN

Date

Daytime Phone #

3/5/2004 **(386) 362-2909**

CR2E081 (10/02)