

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN 25 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO9000001653

1. Corporation Name

Neals Temple Holiness Church Inc

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

240 Neals Temple RD

Suite, Apt. #, etc.

3. Mailing Office Address

188 Little Farm RD

Suite, Apt. #, etc.

City & State

Havana

FL

City & State

Havana

FL

Zip

32333

Country

Zip

32333

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/19/09

5. FEI Number

☒ 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

J. B. Jones

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

188 Little Farm RD

Suite, Apt. #, Etc.

City

Havana

State

FL

Zip Code

32333

800192481548
01/26/11--01001--008 **306.25

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

J. B. Jones

Date 1-25-2011

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
MISSIONARY	Betty Bryant	83 Hopkins Lane	Greensboro FL 32330
DEC	J. B. Jones	188 Little Farm RD	Havana FL 32333
DEC	Allen Jones	50 Kirby Circle	Havana FL 32333

10. E-mail Address: SSG JAYBEE @ Yahoo. com

(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., 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:

J. B. Jones

1-25-2011

850-228-1323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #