

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV 16 PM 3:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N15100**

1. Corporation Name

PRAYER TEMPLE CHURCH OF GOD IN CHRIST, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 1936 SAXON STREET P.O. BOX 7651 TALLAHASSEE FL 32310 | 1936 SAXON STREET P.O. BOX 7651 TALLAHASSEE FL 32310 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | |
|--|--|
| 2. New Principal Office Address, if Applicable | 3. New Mailing Office Address, if Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

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4. Date Incorporated or Qualified To Do Business in Florida: **05/27/1986**

5. FEI Number: **68-0075711**

6. CERTIFICATE OF STATUS DESIRED **8875**

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|---|-------------------------------------|--|----------------------|
| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
| PD | RICHARDSON, C.E. | 2740 HICKORY RIDGE RD | TALLAHASSEE FL |
| SD | FLOYD, KATIE | 912 KRIDGE ROAD | TALLAHASSEE FL |
| TD | CAPHART, MAE | 8390 GLENDA LIN ROAD | TALLAHASSEE FL 32311 |
| D | MICKLER, LUCINDA | 1417 E BREVARD #17 | TALLAHASSEE FL 32301 |
| D | RICHARDSON, D'ANDRE | 2740 HICKORY RIDGE RD | TALLAHASSEE FL |
| D | WHALEY, CLARA | 732 PRESTON ST | TALLAHASSEE FL |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| RICHARDSON, C.E. 2740 HICKORY RIDGE ROAD TALLAHASSEE FL 32308 | Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ Suite, Apt. #, Etc.: 488893868254--0 City: 12/03/99--01017--025 ***236-25 FL ***236-25 |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent: *[Signature]* **REQUIRED** Date: 11/1/99

REGISTERED AGENT MUST SIGN

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 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE: *[Signature]* **REQUIRED** Date: 11/1/99 Daytime Phone #: 922-8328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR