

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 30 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18404

1. Corporation Name

MIRACLE TEMPLE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

POST OFFICE BOX 477
GRETN FL 32332

Mailing Address

POST OFFICE BOX 477
GRETN FL 32332

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 1999

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1986

5. FEI Number

59-3289445

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 - A Additional Fee required
for a Certificate of Status

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
T	ROBINSON, MARIA	PO BOX 567 N/A	GRETN FL
D	PORTER, DOROTHY T. LATRICE GARDNER	4017 SPRING MEADOWS RD. P.O. Box 645	QUINCY FL 32351 CHATTANOOGEE 32324
D	KEYS, TERRY SHAW, TERRY	610 S. LINCOLN ST. RT. 1 Box 888 Eastlake Rd.	QUINCY FL 32351 Quincy, FL. 32351
S	WALKER, SHIRLEY	RT. 5, BOX 329-A	QUINCY FL 32351
D	O'NEAL, SEAN	HIGHWAY 80 WEST., P. O. BOX 91	MT. PLEASANT FL 32352
P	LEE, JOHN L	P. O. BOX 477 N/A	GRETN FL 32332

8. Name and Address of Current Registered Agent

WALKER, SHIRLEY A
ROUTE 5, BOX 329-A
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300003069583-4

-12/14/99--01080--013

236.25 236.25

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Shirley Walker

Date

11-22-99

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

SIGNATURE:

Donna Maria Robinson

Date

11/22/99 921-2479

Daytime Phone #