

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 MAR 20 PM 1:43
RECEIVED
TALLAHASSEE

DOCUMENT # N36216

1. Corporation Name
Anointed Temple In Christ, Inc.

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

2401 Brighton Rd

Suite, Apt. #, etc.

Tallahassee, Fla

City & State

32300

Zip

Country

Leon

3. Mailing Office Address

P.O. Box 20752

Suite, Apt. #, etc.

Tallahassee, Fla

City & State

32316 LEON

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1-22-1990

5. FET 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
Carmena Pitts (Norfus)

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

3029 MOCK Drive

Suite, Apt. #, etc.

Tall, FL 32310

City

State

FL

Zip Code

32316

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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

Carmena Pitts

Date

3/20/13

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
P	Carmena Norfus Pitts	P.O. Box 20752 Tall, Fla	32316
AP	Alphonso Lacey	P.O. Box 20752 Tall, Fla	32316
AP	Elouise Wynn	P.O. Box 20752 Tall, Fla	32319

S. HAWKES

MAR - 2013

EXAMINER

10. E-mail Address: carmenapitts@gmail.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:

Carmena Pitts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #