PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM. FLORIDA DEPARTMENT OF STATE **CORPORATION** 05 JUL 12 AM 9: 05 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA N43240 DOCUMENT # True Temple Church of the Living God 2. Principal Office Address 3. Mailing Office Address 10456 CR 100 P.O. 130x 1336 Suite, Apt, #, etc Date Incorporated or Qualified To Do Business in Florida City & State FEI Number Applied For Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent TRAZIER 700057346557 07/12/05--01036--017 **42 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc Zip Code BEACH 8. I, being appointed the goration, am familiar with and accept the obligations of section 607,0505 or 617,0503. F.S. Signature of Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip 0.Box 114 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 filling 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.