

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

DOCUMENT # N48594

1. Corporation Name

HOLY CRUSADE TEMPLE, INCORPORATED

Principal Place of Business

Mailing Address

HWY 90 GREINA  
626 PALM ST  
BLOUNTSTOWN FL 32424

HWY 90 GREINA  
626 PALM ST  
BLOUNTSTOWN FL 32424

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

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04/24/1992

City & State

City & State

5. FEI Number

64-0651474

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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 2 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	BROWN, PEARL	4106 CHARLES ST	MOSS POINT MS 39563
SD	CLAY, LATASHA D	626 PALM ST	BLOUNTSTOWN FL 32424
PD	TRENA PENN	626 PALM ST	BLOUNTSTOWN FL 32424
PD	Brown Pearl	4106 Charles St	Moss Point Miss
SD	Latasha Howard (married name)	4106 Charles St.	Moss Point Ms.
PD	Trena Penn	626 Palm St.	Blountstown fl 32424

8. Name and Address of Current Registered Agent

PENN, TRENA S  
626 PALM ST  
BLOUNTSTOWN FL 32424

9. Name and Address of New Registered Agent

Name Trena Penn  
Street Address (P.O. Box Number is Not Acceptable)  
626 Palm St.  
Suite, Apt. #, Etc. 000003107480-0  
City Blountstown State 32424  
Date 10/30/99

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/30/99

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/99 (229) 475-6510  
Date Daytime Phone #