

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FULL
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG -6 PM 2:36

DOCUMENT # *N48594*

1. Corporation Name
Holy Crusade Temple, Inc

REINSTATEMENT *03-04*

2. Principal Office Address <i>626 Palm st.</i>		3. Mailing Office Address <i>3912 ANN st.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Apt 1</i>	
City & State <i>Blountstown FL</i>		City & State <i>MOSS Point MS.</i>	
Zip <i>32424</i>	Country <i>calhoun</i>	Zip <i>39563</i>	Country <i>JACKSON</i>

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <i>64-0651474</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <i>Trena HUFFMAN</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>626 Palm st</i>		
Suite, Apt. #, Etc.		
City <i>Blountstown</i>	State FL	Zip Code <i>32424</i>

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 *Trena Huffman* Date *4/10/04*

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
PD	<i>Overseer Pearl Brown</i>	<i>4106 Charles st</i>	<i>MOSS Point MS. 39563</i>
SD	<i>LaTasha Howard</i>	<i>626 Palm st</i>	<i>Blountstown FL, 32424</i>
PD	<i>Trena Huffman</i>	<i>626 Palm st</i>	<i>Blountstown FL, 32424</i>

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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 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: *Trena Huffman* *Trena Huffman* Date *4/10/04* ⁽²²⁸⁾ Daytime Phone # *762-5532*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)