

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 17 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N48688

1. Corporation Name

Revival Temple Inc
4657 Gallagher Loop
Casselberry FLA 32207

Principal Place of Business

Mailing Address

SAME

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

2. New Principal Office Address, if Applicable

SAME

3. New Mailing Office Address, if Applicable

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

April 30, 1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

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 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	BETTIE HUDSON	4057 Gallagher Loop	Casselberry FLA 32207
VPD	HERCULES JONES	4057 Gallagher Loop	Casselberry FLA 32207
Sec	Ms. SANDRA BENNETT	17771 Myrtle Street	Miami FLA 33055
Treasurer	MARGARET J. FLETCHER	21624 S.W. 98th PLACE	Miami FLA 33177
Public Relations	Miss NAOMI RICHARDSON	811 W. Mary Street Apt - F-2	Valdosta, GA 31601
Business Admin	Doc Elroy WILKINSON	1645 - 36 ST Street	Orlando FLA 32811

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERCULES JONES JR 15242 S.W. 142 CT Miami FLA 33177	Name 000002461440--6 Street Address (P.O. Box Number is Not Acceptable) 03/19/98--01003--016 Suite, Apt. #, Etc. 000002461440--6 City -03/19/98--01003--015 State *****500.00 Zip Code *****500.00
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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

Hercules Jones Jr
REGISTERED AGENT MUST SIGN

Date * 3/11/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Bettie J. Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* 3/11/98
Date

Daytime Phone #

CR2E040 (1/98)