

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N48748**

1. Corporation Name

**FAITH TEMPLE HOLINESS FAMILY, INC.**

Principal Place of Business

Mailing Address

751 S ST. JOHN STREET  
ST. AUGUSTINE FL 32095  
US

751 S ST. JOHN STREET  
ST. AUGUSTINE FL 32095  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/04/1992

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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 3	City / State / Zip 4
PD	BROWN, ELDER EARLY L.	85 N. WHITNEY ST.	ST. AUGUSTINE FL
T	CLARK, MARY G	JULIA STREET	ST. AUGUSTINE FL 32095
D	CLARK, CHARLES	JULIA STREET	ST. AUGUSTINE FL
D	BROWN, EARTHA	85 N WHITNEY	ST. AUGUSTINE FL

8. Name and Address of Current Registered Agent

BROWN, ELDER EARLY L.  
85 N. WHITNEY ST.  
ST. AUGUSTINE FL 32095

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **10-17-01**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

10-17-21

Dear

To Whom it may  
concern

We Faith Temple have  
already send in our  
money for this year.

And the send back the  
application it was not  
sign the Lady I Talk

To on the said to sign

this application and

send it back and every

thing will be ok.

Thank you

Sign Elder Earley  
L. Brown