

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N93000002285**

1. Corporate Name
INDIANTOWN FAITH TEMPLE CHURCH OF GOD, INC.

Principal Place of Business
**14589 S.W. MARTIN LUTHER KING JR. DRIVE
INDIANTOWN FL 33456**

Mailing Address
**C/O DANIEL T. WEAVER
884 SE DATE ST.
HOBE SOUND FL 33455
US**

FILED

99 SEP 10 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-99

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

2. Principal Office Address, If Applicable

State, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable
**C/O Daniel T. Weaver
Suite, Apt. #, etc.
8584 S.E. Date St.
City & State
Hobe Sound, Fla.
Zip
33455
Country
U.S.A.**

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1993

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. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Titles	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	WEAVER, DANIEL T	C/O 8584 SOUTHEAST DATE STREET	HOBE SOUND FL 33455
VD	WEAVER, RAYMOND R	C/O 8584 SOUTHEAST DATE STREET	HOBE SOUND FL 33455
SD	WEAVER, DANNETTE	C/O 8584 SOUTHEAST DATE STREET	HOBE SOUND FL 33455
TD	WASHINGTON, JIMMIE	C/O 8584 SOUTHEAST DATE STREET	HOBE SOUND FL 33455
000002994290--1 -09/22/99--01098--016 ****481.25 ****481.25			

8. Name and Address of Current Registered Agent

WEAVER, DANIEL T
8584 SOUTHEAST DATE STREET
HOBE SOUND FL 33455

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 *Daniel T. Weaver*
REGISTERED AGENT MUST SIGN

Date

9-8-99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Daniel T. Weaver* (Daniel T. Weaver)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-99 (56)545-2955
Date Daytime Phone #

CR2040 (6/95)