

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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DOCUMENT # NA 360000 3806

1. Corporation Name The Gospel Truth Pentecostal Church Inc
WA 7-1438

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business _____ Mailing Address _____
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 06-97

2. New Principal Office Address, If Applicable <u>712 SW. Levee Homestead, Fla.</u> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable <u>same 4725 Princeton 7a</u> Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida <u>08/18 1993</u>
City & State <u>Homestead Fla.</u>	City & State <u>Naranja Fla. Princeton 7a</u>	5. FEI Number <u>65-0491395</u>
Zip <u>33034</u>	Country	Applied For Not Applicable
Zip <u>33032</u>	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	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
P.D.	Julius L. Riley	<u>29340 SW 152 AVE</u>	<u>Homestead, Fla.</u>
S.D.	Connie Riley	<u>684 NW. 9th Fl. 33034</u>	<u>Fla. city, Fla.</u>
T.D.	Willie Simmons	<u>11383 SW. 22 7th</u>	<u>Howards, Fla 33170</u>

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****360.00 ****360.00

8. Name and Address of Current Registered Agent <u>Julius L. Riley</u> <u>29340 SW 152 AVE</u> <u>Homestead, Fla. 33034</u>	9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <u>FL</u> Zip Code _____
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10. If 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 Julius Riley REGISTERED AGENT MUST SIGN Date _____

11. 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.)

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: Julius Riley Julius RILEY 6/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)