

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

96 NOV 26 AM 7:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 93000004358 (8)

1. Corporation Name **FAITH Temple Church of  
God in Christ of The United States,  
Jurisdiction of Florida, Inc**

Principal Place of Business Mailing Address  
**715 main street P.O Box 6332  
Titusville, Fl. 32796 Titusville Fl.  
32782**

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

**REINSTATEMENT** *05-96*

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>9-28-93</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <input checked="" type="checkbox"/>	

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
D	JOHNSON, Willie B.	4345 West Lake Dr	Titusville, Fl. 32780
D	JOHNSON, Elsie	4345 West Lake Dr.	Titusville, Fl. 32780
D.	Williams, Linda	3700 n.w 20th Ct.	Miami, Fl. 33142

**500002017345-1**  
**-12/03/96--01022--011**  
**\*\*\*297.50 \*\*\*297.50**  
**JB11-27-96**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Willie B. Johnson 4345 West Lake, Dr Titusville, Fl. 32780		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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 *Willie Johnson* Date **11-19-96**  
REGISTERED AGENT MUST SIGN

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 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: *Elsie Johnson* **11-19-96** **407-267-5793**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #