

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;"> APPROVED AND FILED 97 JUN -4 PM 2:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>A. Alan 6/4/97</i> </div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;"> REINSTATEMENT </div>	
DOCUMENT # N9300005111 1. Corporation Name <i>Fellowship Temple of God</i> <i>1450 Skipper Road Suite 34-36-38</i> <i>Tampa, Florida 33613</i>					
Principal Place of Business		Mailing Address			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<i>November 17, 1993</i> 5. FEI Number <i>59-3227712</i>	
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 checked="" 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		
<i>President</i>	<i>Pastor Elgin Franklin, Jr.</i>	<i>6424 Amundson St.</i>	<i>Tampa, FL 33614</i>		
<i>Deacon</i>	<i>Leslie A. Brooks</i>	<i>4219 W. Lascalle St</i>	<i>Tampa, FL 33607</i>		
<i>Ass./Sec.</i>	<i>JASMINE ALFRED</i>	<i>1250 Skipper Rd H262</i>	<i>Tampa, FL 33613</i>		
<i>Ass./Tre.</i>	<i>JARKEITHA REED</i>	<i>14001 Nephi Place #102</i>	<i>Tampa, FL 33613</i>		
<i>Secretary</i>	<i>Tami Franklin</i>	<i>6424 Amundson St.</i>	<i>Tampa, FL 33614</i>		
<i>V.P.</i>	<i>Anita Green</i>	<i>4226 Laurel Street</i>	<i>Tampa, FL 33607</i>		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
<i>Elgin Franklin Sr.</i> <i>6424 Amundson Street</i> <i>Tampa Fla 33614</i>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City		
			State	Zip Code	
			<i>FL</i>		
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 <i>Elgin Franklin Jr.</i>			Date <i>6-2-97</i>		
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
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: <i>Elgin Franklin</i>			6-2-97 (813) 880-7803 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2040 (12/95)