

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -9 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9400000972

1. Corporation Name

Truth Tabernacle of God
International Ministry Inc.

2. Principal Office Address

10600 Hypoluxo Rd

Suite, Apt. #, etc.

City & State

Lantana, FL

Zip

33462

Country

Palm Beach

3. Mailing Office Address

6675 Rainwood Cove

Suite, Apt. #, etc.

lane,

City & State

Lake Worth, FL

Zip

33463

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business In Florida

Feb 27 1994

5. FEI Number

650473813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lorna Oldacre

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

6675 Rainwood Cove lane

Suite, Apt. #, Etc.

City

Lake Worth, FL

State

FL

Zip Code

33463

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lorna I. Oldacre

REGISTERED AGENT MUST SIGN

Date 6-2-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Clarence T. Oldacre	6675 Rainwood Cove LN	Lake Worth, FL 33463
MD	Lorna I. Oldacre	6675 Rainwood Cove LN	Lake Worth, FL 33463
S	Cheryl Stanley	1007 South "L" Street	Lake Worth, FL 33460
T	Deniese Wilson	335 South 10 th Ave	Bounton Bch FL 33461

10. 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:

Clarence T. Oldacre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-03

Date

561-

493-3506

Daytime Phone #

Enclose check 2734 . \$ 297.50

CR2E081 (10/02)