PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -1 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # [illegible] Church of God in Christ, Inc

1. Corporation Name
Pentecostal Temple

N95000 000521

Principal Place of Business	Mailing Address
Orlando, FL	5559 Brookline Dr Orlando, FL 32819

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 Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1994

5. FEI Number: 59-3293529 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D Pres.	Bill Williams	5559 Brookline Dr.	Orlando, FL 32819
D V-Pres.	W.L. Williams Sr.	1470 E. Bay Street	Winter Garden, FL 34787
Tres.	Henry Rivers	1619 Long Ridge Court	Orlando, FL 32807
		Reinstatement 96-99 TS	
		700003009237--6	
		-10/07/99--01088--008	
		****420.00 ****411.25	

8. Name and Address of Current Registered Agent

Bill Williams?

9. Name and Address of New Registered Agent

Name: Bill Williams
Street Address (P.O. Box Number is Not Acceptable): 5559 Brookline Dr.
Suite, Apt. #, Etc.: Orlando, F
City: Orlando | State: FL | Zip Code: 32819

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: [signature] Date: Oct 1, 1999
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: [signature] Oct 1, 1999 407 876 4732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #