

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
01 OCT -8 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N9500003222

1. Corporation Name

Holy Trinity Church of The Living God,  
Pillar and Ground of The Truth, Inc.

2. Principal Office Address

803 Main Street

Suite, Apt. #, etc.

City & State

Immokalee, Florida

Zip

34142

Country

USA

3. Mailing Office Address

Post Office Box 5339

Suite, Apt. #, etc.

City & State

Immokalee, Florida

Zip

34143

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

Albert T. Bentley

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

222 South First Street

Suite, Apt. #, Etc.

Unit 25

City

Immokalee

State

FL

Zip Code

34142

**REINSTATEMENT** *46-01*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date August 31, 2001

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
VP/D	Felicia M. Bentley	422 Fahrney Street	Immokalee, Florida 34142
P/T/D	Albert T. Bentley	222 South First Street	Immokalee, Florida 34142
S/D	Undreas Harrison	601 West Delaware Avenue	Immokalee, Florida 34142
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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:

*[Signature]*

Albert T. Bentley

August 30, 2001

941-825-7524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)