

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -6 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000003222**

1. Corporation Name

**Holy Trinity Church of The
Living God Dollar and Ground
of The Truth INC.**

2. Principal Office Address

5100 TAMIAWI TRAIL NO

Suite, Apt. #, etc.

114

City & State

NAPLES FL

Zip

34103

Country

COLLIER

3. Mailing Office Address

5100 TAMIAWI TRAIL

Suite, Apt. #, etc.

114

City & State

NAPLES FL

Zip

34103

Country

COLLIER

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/3/1995

5. FEI Number

59-3411545

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

300041814153

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

1363 CHESAPEAKE AVE

10/12/04--01028--023 **358.75

Suite, Apt. #, Etc.

300041814153

10/12/04--01028--023 **300.00

City

NAPLES

State

FL

Zip Code

34102

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]

Date **10/2/04**

REGISTERED AGENT MUST SIGN

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
Pres	ALBERT T. BENTLEY	1363 CHESAPEAKE AVE NAPLES FL 34102	NAPLES FL 34102
Vpres	FELICIA M BENTLEY	422 FAHNNY STREET	IMMOKALEE FL 34142
Secy	ARMY BENTLEY	1363 CHESAPEAKE AVE	NAPLES FL 34102

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/04

Date

(239)

634-2020

Daytime Phone #

CR2E001 (01/04)