

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -3 AM 9:36

DOCUMENT # N 95000003222

1. Corporation Name

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

2. Principal Office Address

5100 Tamiami Trail North

Suite, Apt. #, etc.

114

City & State

Naples, FL

Zip

34103

Country

Collier

3. Mailing Office Address

5100 Tamiami Trail North

Suite, Apt. #, etc.

114

City & State

Naples, FL

Zip

34103

Country

Collier

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

07/03/1995

5. FEI Number

593411545

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-05

7. Name and Address of Current Registered Agent

Name

Albert T. Bentley

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

1363 Chesapeake Avenue

Suite, Apt. #, Etc.

City

Naples, FL

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

Date

2/4/2005

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
PTD	Albert T. Bentley	1363 Chesapeake Avenue	Naples, FL 34102
VD	Sandra Williams	3125 La Costa Circle #203	Naples, FL 34105
SD	Undreas Harrison	601 W. Delaware Ave. Apt C-10	Immokalee, FL 34142-4052

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/05

Daytime Phone #

239
634-2020

CR2E081 (01/05)