

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N95000003968**

1. Corporation Name

**HEDGES AND HIGHWAY MINISTRIES OF THE HOLY TEMPLE OF GOD, INC.**

Principal Place of Business

3333 W. ATLANTIC BLVD.  
BAYS # 17 & 18  
POMPANO BEACH FL

Mailing Address

PO BOX 1017  
BAYS # 17 & 18  
POMPANO BCH FL 33061-1017  
US

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

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

08/17/1995

5. FEI Number

65-0377979

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
STD	HUNTLEY, SHIRLEY	632 SW 16TH AVENUE #C	FT LAUDERDALE FL 33312
PD	ROBINSON, JUDDY	540 NW 4TH AVE #811	FT LAUDERDALE FL
VD	ROBINSON, MAE FRANCES	540 NW 4TH AVENUE #811	FT LAUDERDALE FL
TD	DARDEN, JOANNA	1191 COVE LAKE ROAD	NORTH LAUDERDALE FL 33368
SD	CLARK, LEANDREA	236 NW 14TH ST., APT #2	POMPANO BEACH FL 33060
D	KING, CHERYL	700 NW 6TH ST.	POMPANO BEACH FL 33060

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBINSON, JUDDY  
540 NW 4TH AVE #811  
FT LAUDERDALE FL 33311

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Juddy Robinson Sr.*  
REGISTERED AGENT MUST SIGN

Date 11-02-99

11. 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

*Juddy Robinson Sr.* (JUDDY ROBINSON Sr.)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE