

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 JUN -4 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900104106959
06/08/07--01005--017 **542.50

DOCUMENT # N9500000 3968

1. Corporation Name

Hedges and Highway Ministries of the
Holy Temple of God

2. Principal Office Address - No P.O. Box #

3141 W. Atlantic Blvd.

3. Mailing Office Address

P.O. BOX 1017

Suite, Apt. #, etc.

Suite 17+18

Suite, Apt. #, etc.

City & State

Pompano Bch, FL

City & State

Pompano Bch, FL

Zip

33069

Country

Broward

Zip

33061

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-03779 79

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

Juddy Robinson

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

397 S.W. 14th Court

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

5-24-07

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
PD	Robinson, Juddy	397 S.W. 14th Court	Pompano Bch, FL 33060
VD	Robinson, Mae Frances	397 S.W. 14th Court	Pompano Bch, FL 33060
TD	Thomas, Carlresay	781 N.W. 17th Street	Pompano Bch, FL 33060
D	Thomas, Jimmy D.	781 N.W. 17th Street	Pompano Bch, FL 33060
STD	Mosley, Lanette	432 S.W. 2nd Ct #3	Pompano Bch, FL 33060

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 contained in Chapter 119, 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

[Signature]

Date

5-24-07

Daytime Phone #

754-246-4541

Per telephone conversation with Juddy Robinson

7/6/4