

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003968

1. Corporation Name

Hedges And Highway Ministries of the
Holy Temple of God

2. Principal Office Address

3141 W. Atlantic Blvd.

Suite, Apt. #, etc.

Ste 17+18

City & State

Pompano Bch, FL.

Zip

33069

Country

Broward

3. Mailing Office Address

P.O. Box 1017

Suite, Apt. #, etc.

Ste 17+18

City & State

Pompano Bch, FL.

Zip

33061

Country

Broward

REINSTATEMENT 815

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0377979

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

Robinson, Juddy

400024773764

11/18/03--01015--003 **250.75

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

540 N.W. 4th Ave #811

Suite, Apt. #, Etc.

City

Ft. Lauderdale, FL.

State

FL

Zip Code

33311

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

11-14-03

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
PD	Robinson, Juddy	540 N.W. 4th Ave #811	Ft. Lauderdale, FL 33311
VD	Robinson, Mae Frances	540 N.W. 4th Ave #811	Ft. Lauderdale, FL 33311
TD	Holley, Cherrykey	2160 N.E. 3rd Ave	Pompano Bch, FL.
D	Cheese, Walter	1025 S. Flagler Ave #802	Pompano Bch, FL 33060
STD	Mosley, LaNetre	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 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

Date

11-14-03 9549697227

Daytime Phone #