

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 MAR 13 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N96000003737

**1. Corporation Name**

Aquarian Ark Temple of Transformation, Inc.  
8620 NW 17th Avenue  
Miami, FL 33147

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 7-15-96

**5. FEI Number**

65-0681667

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

700003887847--9

-03/20/01--01038--001

\*\*\*\*\*175.00 \*\*\*\*\*175.00

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-03/20/01--01038--002

\*\*\*\*\*77.00 \*\*\*\*\*77.00

**7. Name and Address of Current Registered Agent**

Name

Bishop James Beals

Street Address (P.O. Box Number is Not Acceptable)  
2521 NW 131 Street

Suite, Apt. #, Etc.

City

North Miami

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-03/20/01--01038--003

\*\*\*\*\*45.50 \*\*\*\*\*45.50

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\*\*\*\*\*81.25 \*\*\*\*\*81.25

**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

*Bishop James Beals*  
REGISTERED AGENT MUST SIGN

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Date 03/20/01--01038--005

\*\*\*\*\*9.75 \*\*\*\*\*9.75

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/C/D	Beals, James	2521 NW 131 Street	North Miami, FL 33167
V/T/D	Gause, Elizabeth	2521 NW 131 Street	North Miami, FL 33167
M/D	Merritt, Joseph	1833 NW 45 Street	Miami, FL 33142
D/D	Lovett, Rolley	2435 NW 179th Terrace	Miami, FL 33056
S/D	White, Bessie	2989 NW 57th Street	Miami, FL 33142
T	Thomas, Hattie	2350 NW 54th Street, Apt 601	Miami, FL 33132

**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

Daytime Phone #

*Bishop James Beals* 2-26-01 (305) 688-6631

CR2E081 (9/00)