

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 12 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 096000003794

1. Corporation Name

Solomon Temple Church of Christ Inc.

2. Principal Office Address

2060 IAB.S

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 16702

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33713

Country

City & State

St. Petersburg, FL

Zip

33733

Country

REINSTATEMENT

CR2E081 (12/05)

03-06

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

07/16/1996

5. FEIN Number

87-0778364

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

☒ \$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tai White

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

5811 42nd Ave North

Suite, Apt. #, Etc

City

St. Petersburg, FL

State

FL

Zip Code

33709

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

Tai White

Date 9-29-06

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
President	<u>Lebell Carr</u>	<u>475 30th Ave North</u>	<u>St Pete, FL 33714</u>
Vice President	<u>Christopher L. Wilkerson</u>	<u>6701 Bryan Dairy Rd</u>	<u>Largo, FL 33777</u>
Secretary	<u>Tashumbi Jackson</u>	<u>5811 42nd Ave North</u>	<u>St. Pete, FL 33709</u>
Trustee	<u>Darrel Williams</u>	<u>5210 2nd Ave South</u>	<u>St. Pete. FL 33705</u>

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10/12/06--01020--022 **420.00

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

Lebell Carr

9-29-06 452-4154

Date

Daytime Phone #