

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003794

1. Corporation Name

Solomon Temple Church of
Christ Inc.

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

2060 1st Ave South

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 16702

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33713

Country

USA

Zip

33713

Country

USA

7. Name and Address of Current Registered Agent

Name

Vernell Miller

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

1516 12th Street South

Suite, Apt. #, Etc.

City

St. Petersburg, FL

State

FL

Zip Code

33705

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

Vernell Miller

Date

1-23-11

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
T	Tonya Johnson	5275 Hoerner St	St Petersburg, FL 33714
S	TASHUNBI Shuler	411 77th Ave N #102	St Petersburg, FL 337102
P	Bishop Ledell Carr	P.O. Box 16702	St. Petersburg, FL 33713

10. E-mail Address: TASHUNBI Shuler @ gmail.com / GODSGRAVEtms@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ledell Carr

Ledell Carr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-452-4154

RECEIVED

11 FEB 28 PM 3:27

700192570167
03/01/11-01001-006, **122.50

700192570167
01/26/11-01029-005 **297.50

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/16/1996

5. FEI Number

870778364

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2/28/11
08-110
REINSTATEMENT