

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 19 PM 4:52

DOCUMENT # N96000004336

1. Corporation Name

Trinity Tabernacle of the True Vine, Inc.
4750 N.W. 16 Ct.
Lauderhill, FL

2. Principal Office Address

4750 N.W. 16th Ct

Suite, Apt. #, etc.

3. Mailing Office Address

4750 N.W. 16 Ct.

Suite, Apt. #, etc.

City & State

Lauderhill, FL

Zip

33313

Country

USA

City & State

Lauderhill, FL

Zip

33313

Country

U.S.A.

CR2E081 (12/05)

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

8/20/96

5. FEI Number

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

Johnny Jones, Sr.

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

4750 N.W. 16th Ct

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33313

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

Johnny Jones, Sr.

REGISTERED AGENT MUST SIGN

Date

5/11/06

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	<u>Johnny Jones, Sr.</u>	<u>4750 N.W. 16 Ct.</u>	<u>Lauderhill, FL 33313</u>
VD	<u>Karen Jones</u>	<u>(same)</u>	<u>(same)</u>
S.	<u>Karen A Jones</u>	<u>(same)</u>	<u>(same)</u>

900076299439
05/16/06--01050--006 **499.75

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:

Johnny Jones, Sr.

Johnny Jones, Sr.

5/11/06

(954) 486-6875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAMS MAY 19 2006

Trinity Tabernacle Of The True Vine, Inc
4750 N.W. 16th Court
Lauderhill, Fl. 33313
May 11, 2006

Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir/Madam:

I have no recollection of receiving the last application for the 1999 annual report.
I am therefore asking that the reinstatement fee be waived.

I thank you kindly for your anticipated cooperation in this matter.

Sincerely,

Rev. Johnny Jones, Jr.

Rev. Johnny Jones
Registered Agent

p.s. Please note extra \$8.95 for Certificate of Status.