

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 30 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



REINSTATEMENT 1999

DOCUMENT # N97000001495

1. Corporation Name
FREEDOM TEMPLE, INC.

Principal Place of Business Mailing Address
13543 EAST HIGHWAY 50 13543 EAST HIGHWAY 50
CLERMONT FL 34711 CLERMONT FL 34711

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3436081	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WIGGINS, JOSEPH	1804 CENTER STREET	LEEBOURG FL 34749
D	WIGGINS, CHARLENE	1804 CENTER STREET	LEEBOURG FL 34749
D	WIGGINS, FRAANK E	1804 CENTER STREET	LEEBOURG FL 34749
			800003105368--1 -01/21/00--01001--015 *****175.00 *****175.00
			800003105368--1 -01/21/00--01001--016 *****61.25 *****61.25

8. Name and Address of Current Registered Agent JORDAN, EDWARD P II 13543 EAST HIGHWAY 50 CLERMONT FL 34711		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 11/18/99

REGISTERED AGENT MUST SIGN

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., 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 REQUIRED** Date 352 728-8685 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR