

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAY 21 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/21/09--01014--022 \*\*192.50

REINSTATEMENT

07-09

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N98000002410**

1. Corporation Name

**Johnson Temple Church of God In Christ, Inc.**

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

**1150 Huntington Rd.**

Suite, Apt. #, etc.

3. Mailing Office Address

**1114 Grove Avenue.**

Suite, Apt. #, etc.

City & State

**Crescent City, FL**

Zip **32112**

Country **US**

City & State

**Crescent City**

Zip **32112**

Country **US**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-3591071**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$d.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Hazel Harry Banks**

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

**1114 Grove Avenue**

Suite, Apt. #, Etc.

City

**Crescent City**

State

**FL**

Zip Code

**32112**

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

*[Signature]*

**PASTOR**

Date

**5/17/09**

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
P	Elder H. Harry Banks	1114 Grove Avenue	Crescent City, FL 32112
AP	Elder Keith Banks	915 Center Street	Crescent City, FL 32112
D	Deacon James Jordan	1020 Fullwood Ave.	Crescent City, FL 32112
D	Deacon Leo Blue	1152 Huntington Road	Crescent City, FL 32112
D	Mother Sabrina Robinson	1212 Taylor Lane	Crescent City, FL 32112
SID	Sister Trinisha Austin	1185 Old Hwy 17	Crescent City, FL 32112

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:

**Trinisha Austin** **5/17/09** **(386)698-2709**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/22/09