

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JAN 18/ AM 10:50

DOCUMENT # N98000005159

1. Corporation Name

Truth Worship Center Inc

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

16400 NW 15th Ave

3. Mailing Office Address

16400 NW 15th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33169

Country

USA

Zip

33169

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

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

James E Wright Jr 07-10

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

2234 SW 164 Ave

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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]*

REGISTERED AGENT MUST SIGN

Date 01-13-2010

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
Pres	JAMES E Wright Jr	2234 SW 164 Ave	MIRAMAR FL 33027
V P	Jacqueline S. Wright	2234 SW 164 Ave	MIRAMAR FL 33027
Tres	SHAWANDA Aris	811 NW 119 St	Miami FL 33168
CM	Leroy Mc Dowell	14301 NW 15th Dr	Miami FL 33167
CM	Sullie Kemp	811 NW 119 St	Miami FL 33168

10. E-mail Address: Dr James Wright @ Truthworshipcenter.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., 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/2010

Date

Daytime Phone #

786-270-9290