

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001207

1. Corporation Name

ORISA TEMPLE FOR IFA HERITAGE AND TRADITION,
INC.

2. Principal Office Address

1647 N. Laura Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32206

Country

USA

3. Mailing Office Address

P. O. Box 43342 41253

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32203-3342

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/19/99

5. FEI Number

59-3735264

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

Ok Sun Burks

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

1645 N. Laura Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32206

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

Ok Sun Burks

REGISTERED AGENT MUST SIGN

Date 10/6/03

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	Ok Sun Burks	1645 N. Laura Street	Jacksonville, FL 32206
TVD	Volume Burks	1645 N. Laura Street	Jacksonville, FL 32206
SMD	Frances Bradley	1647 N. Laura Street	Jacksonville, FL 32206

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 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:

Frances Bradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/03

Date

904-765-6413

Daytime Phone #

CR2E081 (10/02)

21 10/10