

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 FEB -1 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99 000006207**

**1. Corporation Name**

*The Temple of Peace Apostle Youth  
Ministry, Inc*

**2. Principal Office Address**

*5824 Dewey St*

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

*Hollywood Florida*

**City & State**

**Zip**

*33023*

**Country**

*Broward*

**Zip**

**Country**

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

*10/15/99*

**5. FEI Number**

*65-0956979*

**Applied For**

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$0.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

*01/02*

**7. Name and Address of Current Registered Agent**

**Name**

*Mr. Willie JR Gamble*

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

*500 N.E. 3RD ST 123# Hallandale FL 33009*

**Suite, Apt. #, Etc.**

*123#*

**City**

*Hallandale FL*

**State**  
**FL**

**Zip Code**

*33009*

**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

*Willie JR Gamble*  
REGISTERED AGENT MUST SIGN

Date *01/11/02*

**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	Willie Gamble (Pastor)	500 N.E. 3rd Street	Hallandale FL 33009
SD	Mrs Lucille James	404 N.W. 4th Ave #2	Hallandale, FL 33009
TD	Mrs Sandy Smith	3600 N 24 Ave #143	Hollywood, FL 33020
D	Mrs Palesha McCloud	2631 Lincoln St #R2	Hollywood, FL 33020

**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(2)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/11/02*