

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 30 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

THE N-99000006207
Temple of Peace
Apostle Youth Ministry

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

500 NE 3RD ST 123#

Suite, Apt. #, etc.

123# UNIT

City & State

HALLANDALE FLA

Zip

33009

Country

BROWARD

3. Mailing Office Address

500 NE 3RD ST

Suite, Apt. #, etc.

123#

City & State

HALLANDALE FLA

Zip

33009

Country

BROWARD

CR2E081 (1/07)

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

5. FEI Number

65-0956979

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mr. Willie Gamble

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

500 NE 3RD ST 123# Hallandale

Suite, Apt. #, Etc.

123 FLORIDA

City

HALLANDALE Bch FLA

State

FL

Zip Code

33009

☒ 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.

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10/30/07 01007 024 11007.00

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 10/16/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 officers)

REINSTATEMENT
04-07

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P.D.	Pastor Mr. Willie Gamble	500 NE 3RD ST 123#	HALLANDALE FLA	33009
VTD	VERAL DAVIS	752 NW 6th St Apt 1#	HALLANDALE	33009
T.D.	Willie Gamble Jr.	500 NE 3RD ST	HALLANDALE FLA	33009
S.D.	Exec: Juliette Powe	816 NW 10 St	HALLANDALE FLA	33009
D	Mrs. Lucille James	404 NW 7th Ave #2	HALLANDALE FLA	33009

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10/30/07 01007 025 11100.50

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elder:

WILLIE GAMBLE, 10/16/07 954-454-6223

Date

Daytime Phone #