

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 14 AM 8:00

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763758 (0)

1. Corporation Name

NEW LIFE MISSIONARY BAPTIST CHURCH
INC.

REINSTATEMENT 01-04

2. Principal Office Address

1365 NW 54 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

Zip

33142

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/24/82

5. FEI Number

58-2811667

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

REV. FRANK S. GLASFORD

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

2755 NW 168 TER

Suite, Apt. #, Etc.

City

OPA LOCKA

State

FL

Zip Code

33056

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

Frank J. Glasford

REGISTERED AGENT MUST SIGN

Date 12/8/04

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	FRANK S. GLASFORD	2755 NW 168 TER	OPA LOCKA FL 33056
VD	FRANKLYN S. GLASFORD	2966 SW 137 AV.	MIRAMAR FL 33027
1ST VD	ANTHONY GRANT	3344 NW 197 ST.	CAROL CITY FL 33056
ST	ANNE WILLIAMS	661 NW 52 ST.	MIAMI FL 33127
AT	SHIRLEY GLASFORD	2755 NW 168 TER	OPA LOCKA FL 33056
S	ALTHEA CHAMBERS	4250 NW 191 TER	CAROL CITY FL 33056

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)(f), 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:

Frank J. Glasford FRANK S. GLASFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/04

Date

Daytime Phone #

CR2E001 (6/1/04)