


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 20 PM 1:50

CORPORATION REINSTATEMENT



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

DOCUMENT # 770180

1. Corporation Name

New Jerusalem Baptist Church Inc.
of Pompano Beach (NW)

2. Principal Office Address

1881 N.W. 9th Street

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

1881 N.W. 9th St

City & State

Pompano Beach, Fla

Zip

Country

33069 Broward

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

SP

5. FEI Number

N/A

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

Calvin Sheppard

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

757 N.W. 15th Ct.

Suite, Apt. #, Etc.

City

Pompano Beach, Fla. 33060

800004611098-9

-09/25/01--01092--025

****297.50 ****297.50

State
FL

Zip Code

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

Calvin Sheppard

REGISTERED AGENT MUST SIGN

Date

7-1-01

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
Mr. T	Jimmy A. Titty	3821 S.W. 15th St.	St. Lande's Fla. 33317
Mrs. D	Glenn Lachman	1516 N.W. 7th St. S.W.	Pompano Beach, Fla. 33060
Mr. P	LeBaron Titty	3222 N.W. 84th Ave. S.W. Brow.	Suwannee, Fla. 33357
Mrs. D	Lillian Pitts	741 N.W. 19th Ct.	Pompano Beach, Fla. 33060
Mr. V	John C. Sheppard	757 N.W. 15th Ct.	Pompano Beach, Fla. 33060
Mrs. T	Andrew Sheppard	757 N.W. 15th Ct.	Pompano Beach, Fla. 33060

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

Daytime Phone #

6-10-01

CR2E081 (9/00)