

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 10:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N02000005111**

1. Corporation Name

**NEW BIRTH CHRISTIAN CENTER, INC.**

REINSTATEMENT 03-04



800028059608

02/02/04--01095--007 \*\*300.00

Principal Place of Business Mailing Address  
 11 KINGSMAN CIR 11 KINGSMAN CIR  
 FT MYERS FL 33905 FT MYERS FL 33905

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **07/05/2002**  
 5. FEI Number Applied For / Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| D          | CULLIVER, SHERRILL                  | 913 SE 27TH TERR                                 | CAPE CORAL FL 33904  |
| D          | JENKINS, PATRICIA                   | 4751 ZANA DR                                     | FT MYERS FL 33905    |
| D          | FERRELL, ELISABETH                  | 2379 DOVER AVE                                   | FT MYERS FL 33907    |
| D          | HUDSON, GLENDA                      | 3028 ST CHARLES ST                               | FT MYERS FL 33901    |
|            |                                     |  |                      |
|            |                                     |  |                      |

8. Name and Address of Current Registered Agent  
**STOCKTON, ALAN B**  
 11 KINGSMAN CIR  
 FT MYERS FL 33905

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Alan B. Stockton*  
 REGISTERED AGENT MUST SIGN

Date **1-30-04**

11. 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)(l), 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: *Patricia Jenkins* Patricia Jenkins 1/30/04 239 693-7570  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (7/03)