

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

**FILED**  
06 MAY -5 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**  
1. Corporation Name  
N97000000318  
New Birth United Brethren Missionary Baptist Church, Inc.

*[Handwritten Signature]*

**REINSTATEMENT** 03-06

|  |                  |  |                  |
|--|------------------|--|------------------|
| 2. Principal Office Address<br>10841 Biscayne Blvd.<br>Suite, Apt. #, etc. |                  | 3. Mailing Office Address<br>10841 Biscayne Blvd.<br>Suite, Apt. #, etc. |                  |
| City & State<br>Jacksonville, Florida                                      |                  | City & State<br>Jacksonville, Florida                                    |                  |
| Zip<br>32218   | Country<br>Duval | Zip<br>32218   | Country<br>Duval |

4. Date Incorporated or Qualified To Do Business in Florida **January 15, 1997**

5. FEI Number **59-3434258**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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

Name  
Lawrence, Roland

Street Address (P.O. Box Number is Not Acceptable)  
10841 Biscayne Blvd.

Suite, Apt. #, Etc.

City  
Jacksonville

State  
**FL**

Zip Code  
32218

800076209768  
05/15/06 01003 007 \*\*\*421.00

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]* Date **2-6-06**

REGISTERED AGENT MUST SIGN

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           |
|--------|-----------------------------------|--|------------------------------|
| P/D    | Lawrence, Roland                  | 1858 High Plains Dr. N.                        | Jacksonville, Florida, 32218 |
| V/D    | Lawrence, Diana                   | 1858 High Plains Dr. N.                        | Jacksonville, Florida, 32218 |
| S/D    | Lawrence, Jacquelyn               | 2139 West 39th St.                             | Jacksonville, Florida, 32209 |
| T/D    | Lawrence, Louise                  | 2439 Spirea St.                                | Jacksonville, Florida, 32209 |
| D      | Neal, Ellam                       | 8167 Waxwing St.                               | Jacksonville, Florida, 32208 |
| D      | Lawrence, Eddie                   | 2439 Spirea St.                                | Jacksonville, Florida, 32209 |

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]* **2-6-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)