

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 AUG 23 AM 9:29

DOCUMENT # N99000006957

1. Corporation Name

NEW Birth Deliverance Ministry Inc

2. Principal Office Address

412 N. Massachusetts
Suite, Apt. #, etc.

3. Mailing Office Address

415 Montgomery AVE.
Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33801

Country

Polk

Zip

33801

Country

Polk

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

11-29-99

5. FEI Number

59-349-9678

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

Lillie Laster - Jones

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

415 Montgomery AVE.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33801

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**

Lillie Laster Jones

Date

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
President	Lillie Mae Jones	415 Montgomery Ave	Lakeland FL 33801
Vice President	SAVID Jones	415 Montgomery Ave	Lakeland FL 33801
Chairman	SOPHIA Austin	415 Montgomery Ave	Lakeland FL 33801
Treasurer	Darrell M. Jones	"	"
Secretary	Sylvia Laster	"	"
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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:

Lillie Laster Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)