

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 11 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746608**

1. Corporation Name

New Bethel A.M.E. Church, Inc.

200004014092--1
-04/17/01--01035--026
***\$10.00 ***\$10.00

2. Principal Office Address

307 Marker Street

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32701

Country

U.S.

3. Mailing Office Address

Post Office Box 151486

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32715

Country

U.S.

REINSTATEMENT

90-01

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

5. FEI Number

59-3115157

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

Pastor Robert Jackson, III

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

307 Marker Street

Suite, Apt. #, Etc.

City

Altamonte Springs

State
FL

Zip Code
32701

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

Robert Jackson, III

REGISTERED AGENT MUST SIGN

Date

4/10/01

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
Pastor	Robert Jackson, III	307 Marker Street	Altamonte Springs, FL 32701
Treasurer	Matthews Fenderson	307 Marker Street	Altamonte Springs, FL 32701
Secretary	Sandra T. Dumas	307 Marker Street	Altamonte Springs, FL 32701

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:

Robert Jackson, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

904-801-0605

Daytime Phone #

CR2E081 (9/00)