

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR -4 PM 3:47

DOCUMENT # **750284**

1. Corporation Name

NEW TESTAMENT OUTREACH HOLINESS CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 152
PLANT CITY FL 33564

P.O. BOX 152
PLANT CITY FL 33564

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

57-1931183

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WASHINGTON, ADOLPHUS	1305 HOLLOMAN RD	PLANT CITY FL
VP	MITCHELL, CHERRY	1404 HOLLOMAN RD.	PLANT CITY FL
STD	BOWERS, LYNWOOD	P.O. BOX 152 N/A	PLANT CITY FL
D	MITCHELL, CHERRY	1404 HOLLOMAN RD.	PLANT CITY FL
D	JONES, DORRIS	5510 HORTON ROAD	PLANT CITY FL

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03/04/03--01030--003 **297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MITCHELL, CHERRY
1404 HOLLOMAN RD.
PLANT CITY FL 33564

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
Adolphus B. Washington
REGISTERED AGENT MUST SIGN

Date **1-17-03**

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)(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 REQUIRED
Adolphus B. Washington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-17-03

Daytime Phone #

CH2E040 (8/02)