

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1997 JAN -7 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761560

1. Corporation Name **New Bethel African Methodist Episcopal Church, Incorporated**

Principal Place of Business

Mailing Address

**2122 Martin Luther King Jr. Ave.
Lakeland, Florida 33805**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
not applicable
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable
not applicable
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida **1-26-82**

City & State

City & State

5. FEI Number
X 63-2105938355C

Applied For

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President/D Chairman	Jimmy J. Thompson	2122 Martin Luther King Jr. Ave.	Lakeland, FL 33805
Vice- Chairman	Theron Honeycut	2920 Forest Club Dr. Plant City, FL 33567	300002051503-4 -01/08/97-01125-003 ***367.50 ***367.50
Secretary Director	Claretha Connors	2338 Galloway Rd. Lakeland, FL 33809	
Treasurer Director	George Cox	124 Bassadena Circle Lakeland, FL 33805	
D	Gwendolyn Dennis	1635 Martin Luther King Jr. Ave.	Lakeland, Florida 33805

List Officers as Directors Also Per Barbara

8. Name and Address of Current Registered Agent

**Kenneth C. Glover, Esquire
505 Martin Luther King Jr. Avenue
#1
Lakeland, Florida 33815**

9. Name and Address of New Registered Agent

Name **not applicable**
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.

Signature of
Registered Agent

Kenneth C. Glover
REGISTERED AGENT MUST SIGN

Date **10-25-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

X Kenneth C. Glover
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/96

Date

441-687-1994

Daytime Phone #

CR20040 (12/95)