


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>	<p style="text-align: center;">AND FILED</p> <p style="text-align: center;">1997 JAN -7 PM 4:10</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # <u>701500</u></p> <p>1. Corporation Name New Bethel African Methodist Episcopal Church, Incorporated</p>		<p>REINSTATEMENT <u>94-96</u> <u>SCC 1-7-96</u></p>																													
<p>Principal Place of Business Mailing Address</p> <p>2122 Martin Luther King Jr. Ave. Lakeland, Florida 33805</p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																															
<p>2. New Principal Office Address, if Applicable not applicable</p> <p>Suite, Apt. #, etc.</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida 1-26-82</p>																													
<p>3. New Mailing Address, if Applicable not applicable</p> <p>Suite, Apt. #, etc.</p>		<p>5. FEI Number 63-2105938355C</p> <p>Applied For <input type="checkbox"/> Not Applicable</p>																													
<p>City & State</p>		<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>City & State</p>		<p>City & State</p>																													
<p>Zip Country</p>		<p>Zip Country</p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:40%;">3</th> <th style="width:20%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>President/Chairman</td> <td>Jimmy J. Thompson</td> <td>2122 Martin Luther King Jr. Ave.</td> <td>Lakeland, FL 33805</td> </tr> <tr> <td>Vice-Chairman</td> <td>Theron Honeycut</td> <td>2920 Forest Club Dr. Plant City, FL 33567</td> <td>330002051503-4</td> </tr> <tr> <td>Secretary/Director</td> <td>Claretha Connors</td> <td>2338 Galloway Rd. Lakeland, FL 33809</td> <td>-01/08/97--01125--003 ****367.50 ****367.50</td> </tr> <tr> <td>Treasurer/Director</td> <td>George Cox</td> <td>124 Bassadena Circle Lakeland, FL 33805</td> <td></td> </tr> <tr> <td>D</td> <td>Gwendolyn Dennis</td> <td>1635 Martin Luther King Jr. Ave.</td> <td>Lakeland, Florida 33805</td> </tr> </tbody> </table> <p><i>List Officers as Directors Also Per Barbara</i></p>				1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	President/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	330002051503-4	Secretary/Director	Claretha Connors	2338 Galloway Rd. Lakeland, FL 33809	-01/08/97--01125--003 ****367.50 ****367.50	Treasurer/Director	George Cox	124 Bassadena Circle Lakeland, FL 33805		D	Gwendolyn Dennis	1635 Martin Luther King Jr. Ave.	Lakeland, Florida 33805
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<p>8. Name and Address of Current Registered Agent</p> <p>Kenneth C. Glover, Esquire 505 Martin Luther King Jr. Avenue #1 Lakeland, Florida 33815</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name not applicable</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City State Zip Code FL</p>																													
<p>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.</p> <p>Signature of Registered Agent <u>Kenneth C. Glover</u> Date <u>10-25-96</u> REGISTERED AGENT MUST SIGN</p>																															
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																															

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 10/25/96 941-687-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (12/96)