

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 MAR -4 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001454

**1. Corporation Name**

The New Ebenezer Christian Church, Inc.

**2. Principal Office Address**

106 Candlewood Court

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34743

Country

**3. Mailing Office Address**

2232 Cecile Street

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34741

Country

REINSTATEMENT 83-05  
TR

**4. Date Incorporated or Qualified  
To Do Business in Florida** 3/7/2000

**5. FEI Number**  
593731175

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

Reverend Henry Vernon

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

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34743

700048435807  
03/15/05--01050--022 \*\*358.75

**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

REGISTERED AGENT MUST SIGN

Date

2/19/05

**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
Pres.	Reverend Henry Vernon	106 Candlewood Court	Kissimmee, Florida 34743
Admin.	Alice Boyd-Vernon	106 Candlewood Court	Kissimmee, Florida 34743
Trustee	Robin Ripley	2232 Cecile Street	Kissimmee, Florida 34741
Diacon:	Gregory K. Winkfield	113 White Birch Street	Kissimmee, Florida 34743
Diacon:	Gwendolyn Winkfield	113 White Birch Street	Kissimmee, Florida 34743

**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:

TRUSTEE  
  
ROBIN RIPLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-19-05

Daytime Phone #

407 846-3317

CR2E081 (01/05)