

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 24 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N000000 03093

1. Corporation Name
*New Testament Tabernacle Min.
Inc.*

2. Principal Office Address

702 W. 3rd St

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip Country

33805 polk

3. Mailing Office Address

P.O. Box 67

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip Country

33802 polk

REINSTATEMENT *02-04*

4. Date Incorporated or Qualified
To Do Business in Florida

5-17-2000

5. FEI Number

59-3565673

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

Apostle Herbert L. Brown

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

702 W. 3rd St

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33805

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 *Apostle H.L. Brown*

REGISTERED AGENT MUST SIGN

Date *09-11-04*

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
<i>pastor</i>	<i>Herbert L. Brown</i>	<i>702 W. 2nd St</i>	<i>Lakeland FL 33805</i>
<i>Sec. Treasurer</i>	<i>John H. Brown</i>	<i>1446 N. W. 1st St</i>	<i>Lakeland FL 33805</i>
<i>Treas</i>	<i>Shantel B. Brown</i>	<i>7538 Highland Dr</i>	<i>Lakeland FL 33809</i>
<i>Sec</i>	<i>DeLoria Borders</i>	<i>959 Doreen Dr</i>	<i>Lakeland FL 33805</i>
			<i>900041007409</i>
			<i>09/28/04--01019--012 **70.00</i>

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:

Apostle H.L. Brown *Herbert L. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-04

Date

Daytime Phone #

863
686-1109

CR2E081 (10/02)