

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N00000003093*

1. Corporation Name

*New Testament Tabernacle Ministry
Inc*

2. Principal Office Address

702 W. 3rd St

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33805

Country

U.S.A.

3. Mailing Office Address

P.O. Box 67

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33802

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

CR2E081 (8/05)

FILED

2006 DEC -4 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 FL

900082400219

*12/08/06--01036--014 **297.50*

FL 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 Herbert L. Brown

Date *10-14-06*

REGISTERED AGENT MUST SIGN

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>Pres</i>	<i>Herbert L. Brown</i>	<i>702 W. 3rd St</i>	<i>Lakeland FL 33805</i>
<i>CEO</i>	<i>Sheppard A. Brown</i>	<i>605 W. 3rd St</i>	<i>Lakeland FL 33805</i>
<i>U. cc.</i>	<i>Sheppard A. Brown</i>	<i>605 W. 3rd St</i>	<i>Lakeland FL 33805</i>
<i>Secy</i>	<i>Hadreca Brown</i>	<i>605 W. 3rd St</i>	<i>Lakeland FL 33805</i>
<i>Trea</i>	<i>Valarie M. Payne</i>	<i>1146 Newell ave</i>	<i>Lakeland FL 33805</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:

Herbert L. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-06

Daytime Phone #

863-271-0329
606-2279

688-9890