

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 20 AM 8:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N00000003093

1. Corporation Name

New Testament Tabernacle Ministry Inc.

2. Principal Office Address - No P.O. Box #

702 W. 3rd St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 67

Suite, Apt. #, etc.

City & State

Lakeland Fl.

Zip

Country

33805

POIK

City & State

Lakeland Fl.

Zip

Country

33802

POIK

700144077497
02/20/09--01028--012 ***306.25

REINSTATEMENT 05-09

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

5-10-2000

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)

716 Lakelhurst St

Suite, Apt. #, Etc.

0

City

Lakeland

State

FL

Zip Code

33805

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date Feb 07-09

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
<u>Pres</u>	<u>Apostle Herbert L. Brown</u>	<u>716 Lakelhurst St</u>	<u>Lakeland Fl 33805</u>
<u>V. Pres</u>	<u>Sheppard A. Brown Sr.</u>	<u>720 Valencia St.</u>	<u>Lakeland Fl 33805</u>
<u>Sect</u>	<u>Haldreca T. Brown</u>	<u>720 Valencia St.</u>	<u>Lakeland Fl 33805</u>
<u>Asst Sect.</u>	<u>Linda Holloman</u>	<u>702 Ealsobrook St.</u>	<u>Plant City Fl 33563</u>
<u>Asst Treas.</u>	<u>Steve Holloman</u>	<u>702 Ealsobrook St.</u>	<u>Plant City, Fl 33563</u>
<u>Treas</u>	<u>Shantel O. Brown</u>	<u>7538 Highland Grove Dr.</u>	<u>Lakeland Fl 33810</u>

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 contained in Chapter 119, 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 Herbert L. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-09-09

Daytime Phone #

863

934-8654