

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP -3 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002434

1. Corporation Name

New Believers Holiness Church, Inc.
of Pompano

800022700258
09/02/03--01047--007 **297.50

2. Principal Office Address

781 S. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

665 NW 20th Street

Suite, Apt. #, etc.

City & State

Pompano Bch, FL

Zip

33060

Country

Broward

City & State

Pompano Beach, FL

Zip

33060

Country

Broward

REINSTATEMENT 02-03

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

04/06/2001

5. FEI Number

03-0504319

☒ 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

Leila Montgomery 665 NW 20th Street

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

665 NW 20th Street

Suite, Apt. #, Etc.

City

Pompano Beach

State
FL

Zip Code

33060

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

Leila Montgomery
REGISTERED AGENT MUST SIGN

Date

8/10/03

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
P	Montgomery, Leila	665 NW 20th Street	Pompano Bch FL 33060
D	Washington, Frank	1756 NW 20th Ct Suite #1	Miami FL 33136
D	Montgomery, Redell	3400 NW 5th Place	Ft. Lauderdale FL

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:

Leila Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/03
Date

(954) 532-7022
Daytime Phone #

CR2E081 (10/02)