PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM POLICIONS

APPLICATION FOR

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N0100002947

1. Corporation Name

GREATER NEW MOUNT ZION AFRICAN METHODIST EPICOPA L CHURCH, INCORPORATION

Principal Place of Business

Mailing Address

890 S.W. 4TH STREET HOMESTEAD FL 33030

550 S.W. 10TH AVE HOMESSTEAD FL 33030

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If above	addresses are	incorrect in any way, lin	e through incorrect i	information as	nd enter correction below	, DS	128102 91	120 MS 66	
						Date Incorporated or Qualified To Do Business in Florida 04/25/2001			
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			r reliable			
City & State		City & State	City & State			1 02 0/ 20/0//0			
Zip Country Zip			Zip	6.			Not Applicable RTIFICATE OF STATUS DESIRED F 33.75 Additional Fee required for a Certificate of Status		
7 Names	and Street Add	dresses of Each Officer	and/or Director /Fire	orida popprati	t cornerations must list a			Tor a certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (F Title(s) Name of Officers and/or Directors			3	Street Address of Each Officer and/or Director			City / State / Zip		
D	HANNAH, WILLIAM			30512 S.W. 152 PL			HOMESTEAD FL 33030		
D	HARRIS, ULYSSES			14101 JEFFERSON ST		MIAMI FL 33176	MIAMI FL 33176		
D	WASHINGTON, CHARLIE M			733 N.W. 3RD ST			FL.CITY FL 33034	FL.CITY FL 33034	
D	HARVEY, GLORIA			265 S.W. 17TH AVE			HOMESTEAD FL 33	HOMESTEAD FL 33030	
D	ELLITON, WINTON			305 N.W. 9TH AVE			HOMESTEAD FL 33	HOMESTEAD FL 33030	
					024	21:	18		
	8. Nam	e and Address of Curr	ent Registered Age	ent	<u> </u>	9. Name	and Address of New Registe	ered Agent	
JACK:	son, Barba	RA A			Name Char	lie Wa	ashington		
432 N.W. 15TH STREET					Street Address (P.O. Box Number is Not Acceptable) 7.33 N.W. 3 rd Street				
FLORI	DA CITY FL	33034			Suite, Apt. #,	Etc.) Jiveer		
					City	la Cit	for :	State Zip Code FL 3303£	
		Caharl	ù m.	was	millar with and accept the wington	e obligations of	f Section 607.0505, F.S. or 617		
Signature o Registered	of Agent	DIGNA	ATURE registered ag				Date 11 - 0	4-02	
-			HEGISTERED AG	ENT WUSTS	NON				

11. 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 filling 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 it made under oath.

355 - 346 - 3036

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-04-02

Daytime Phone #

CR2E040

pagent

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Greater New Mt. Zion A.M.E.Church Reverend Clarence Bess, Pastor 550 SW 10th Avenue Homestead, Florida 33030 November 4, 2002

Florida Dept. of State Division of Corporations P.O Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

This letter is being submitted in response to the Notice of Administrative Dissolution or Revocation from your office. In May of this year we returned the Uniform Business Report to continue our certification as a Non Profit Organization. We returned the report along with the required fee of \$66.25. A call was made to your office in reference to this notice and we were informed that the report was returned for corrections or missing information. We are advising at this time that we didn't receive the corrective notice and we are resubmitting this report for reinstatement of status as a Non profit Organization. A copy of the cancelled check is enclosed in this package which is on file as a deposit in your office. If there are any further problems please call my office at (305) 245-1049.

Thank You,

Reverend Clarence Bess, Pastor