


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

03 MAR 10 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

DOCUMENT # N01000003698

1. Corporation Name

GREATER NEW COVENANT CHILD

2. Principal Office Address

255 NE 2 AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

HOMESTEAD

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

Zip

33030

Country

DADE

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 30, 2001

5. FEI Number

31 1787765

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

JOSEPH G SEWELL

60001373590E

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

03/10/03--01085--010 \*\*27.50

1580 NW 16 AVENUE

Suite, Apt. #, Etc.

MIAMI FLORIDA

City

MIAMI

State

FL

Zip Code

33030

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

REGISTERED AGENT MUST SIGN

Date

3/3/03

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
PRES	JOSEPH G SEWELL	1580 NW 16 AVENUE	MAIMI FL 33030
VP	KELVIN PENDLETON	1442 HARRISON ST	MIAMI FLORIDA 33176
TRES	DEBERA DICKERSON LINDO	6700 NW 14 AVENUE	MIAMI FL
SECY	ELIZABETH SEWELL	1580 NW 16 AVENUE	MIAMI FLORIDA 33030
DIR	SALISHA S SEWELL	1580 NW 16 AVENUE	HOMESTEAD FL 33030
DIR	CRYSTAL L SEWELL	1580 NW 16 AVNUE	HOMESTEAD FL 33030

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/3/03

Daytime Phone #

305 643 5195

CR2ED01 (9/01)