

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JAN -8 A 11: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005104

1. Corporation Name

NEW BIRTH HOUSE OF PRAYER, INC

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

704 Martin Luther King Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O.BOX 829

Suite, Apt. #, etc.

City & State

Pompano Beach, Fl.

City & State

Wabasso, Fl. 32970

Zip

33060

Country

United States

Zip

32970

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1112548

☒ 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

Hugh Turner

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

6560 87th Street

Suite, Apt. #, Etc.

City

Wabasso

State

FL

Zip Code

32970

☒ 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

Hugh Turner
REGISTERED AGENT MUST SIGN

Date December 23, 2009

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	Turner, H.C.	P.O.BOX 829	Wabasso, Fl. 32970
VP	Turner, Milton J.	700 NW 6 Street	Pompano Bch. Fl. 33060
T	Turner, Sandra	6560 N. 87th Street	Wabasso, Fl. 32970
S	Delisser, Carol J.	717 NW 8 Ave	Pompano Bch, Fl. 33060

10. E-mail Address: carold362436@comcast.net

(To be used for future annual report notification)

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 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. I further certify, 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:

Hugh Turner

HUGH TURNER

12/23/2009 (772) 480-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #