

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000007086**

1. Corporation Name

Royal Palm New Testament
2845 North Military Trail, #26
West Palm Beach, FL 33409

2. Principal Office Address

2385 North Military Trail

Suite, Apt. #, etc.

West Palm Beach, FL

City & State

West Palm Beach, FL 33409

Zip

33409

Country

U.S.

3. Mailing Office Address

PO Box 221883

Suite, Apt. #, etc.

City & State

West Palm Beach, FL 33422

Zip

33422

Country

U.S.

4. Date Incorporated or Qualified

To Do Business in Florida - 10/01/2001

5. FEI Number

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

Bishop Oscar L. Lewis Sr.

Street Address (P.O. Box Number is Not Acceptable)
450 West 37th Street

Suite, Apt. #, Etc.

City

Riviera Beach,

State

FL

Zip Code

33404

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

[Signature]

Date

4-26-04

REGISTERED AGENT MUST SIGN

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	Oscar L. Lewis Sr.	450 West 37th Street	Riviera Beach, FL 33404
VP	Travelle Northern	713 Juniper Drive	North Palm Beach, FL 33408
T	Claudette Shirlon	5954 Bahama Court	West Palm Beach, FL 33407
S	Patricia Fulton	252 Blue Heron Blvd.	Riviera Beach, FL 33404
T	Anishka Glanville	2385 North Military Trail	West Palm Beach, FL 33409

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

Daytime Phone #

CR2E081 (01/04)