

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 # **NO1000007086**

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

3. Mailing Office Address
PO Box 221883

Suite, Apt. #, etc.
West Palm Beach, FL

Suite, Apt. #, etc.

City & State
West Palm Beach, FL 33409

City & State
West Palm Beach, FL 33422

Zip
33409

Country
U.S.

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]* Date: **4-26-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/04)