

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N02000006342**

1. Corporation Name

**NEW GENERATION HOLINESS CHURCH, INC.**

Principal Place of Business

Mailing Address

1310 W. DIXIE HWY., STE. #19  
POMPANO BEACH FL 33069

1470 S.W. 9TH AVE.  
DEERFIELD BEACH FL 33441

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/2002

5. FEI Number

Applied For

54-2064025

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MILLS, MILTON E SR.	1470 SW 9TH AVE.	DEERFIELD BEACH FL 33441
VD	<del>BENNETT, MARK</del> Delete	<del>5112 CHERRY CIRCLE</del>	<del>WEST PALM BEACH FL 33411</del>
VD	CLUETT, ROSA L	1470 S.W. 9TH AVE.	DEERFIELD BEACH FL 33441
SD	WILKINS, STEPHANIE L	P.O. BOX 934754	MARGATE FL 33093
TD	WILKINS, R.B.	1470 S.W. 9TH AVE.	DEERFIELD BEACH FL 33441

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARTER, YVONNE L  
7589 HAMPTON BLVD.  
NORTH LAUDERDALE FL 33068

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

000025689880

12/22/03--01078--006 \*\*236.25

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Yvonne L. Carter*  
REGISTERED AGENT MUST SIGN

Date 11/15/03

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 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:

*Glenda E. Hood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/03  
Date

561 891-7283  
Daytime Phone #

CR2E040 (7/03)