## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 AUG 10 AM 11: 45
DOCUMENT # NO2000006342  1. Corporation Name  NEW Generation Holiners church FAC,		SEUMLTAKY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address  1470 SW 9 <sup>th</sup> AVE  Suite, Apt. #, etc.	3. Mailing Office Address 904 w and Sheet Suite, Apt. #, etc.	EINSTATE VIEWE 04-05
City & State  Deexfield beach Fl  Zip  33441 Brankd	City & State  Rivi Egg Lech El  Zip Country  33 404 Palm Leach	4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number  Applied For Not Applicable.  CERTIFICATE OF STATUS DESIRED   S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent  Name  8. Shop Milton E Mills SK.  Street Address (P.b. Box Number is Not Acceptable), 904 W and Street  Suite, Apt. #, Etc.  City Rivicua Seed Ff 33404  State Zip Code FL 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		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
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		88/12
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 filling 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  Date  Daylime Phone #		