

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 17 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # n02-00000-7608

1. Corporation Name

New Experience Victory & Praise Tabernacle

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

870 E Main Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

Same

Zip

33830

Country

United States

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

September/2003

5. FEI Number
141851660

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

Elder Rod Bostic Jr.

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

995 E Magnolia Street

Suite, Apt. #, Etc.

City

Bartow

State
FL

Zip Code
33830

☐ 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

Elder Rod Bostic Jr.

Date 2-18-09

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
D	Jeradas Warner	2345 E. Washington Street	Bartow, FL
D	Mederic Warner	2345 E. Washington Street	Bartow, FL
D	Barbara Walker	1220 Laura Street	Bartow, FL
D	Jeannette Stevenson	2270 Rohr Drive	Bartow, FL
D	Lena Sellers	1481 West Steward Street	Bartow, FL

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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 contained in Chapter 119, 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:

Mederic Warner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/09

Date

(863) 440-2390

Daytime Phone #