PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN ⁻



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

N02000007608 DOCUMENT

1. Corporation Name

NEW EXPERIENCE VICTORY AND PRAISE TABERNACLE, IN C.

Principal Place of Business

Mailing Address ·

2051_MACON_STREES TEMP_LOCATION

ARTOW-FL 33830

BARTOW-FL 33830 US

MACON GIBEET

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

2. New Principal Office Address, If Applicable 970 6 Main Strassulle, Apt. #, etc.

3. New Mailing Office Address, If Applicable 870 E Main

Country PAIK

FILED

03 OCT 17 PH 1:16

SECRETARY OF STATE TALLAHASSEE, FLORIDA



REMSTATEMENT 03

09/30/2002

5. FEI Number

Date Incorporated or Qualified
To Do Business in Florida

Applied For

	130.	FOIL	<u> </u>	FOIR	for a Certificate of Status
7. Name:	s and Street Ad	dresses of Each Officer and/o	or Director (Florida nonpro	ofit corporations must list at lea	ast 3 director 0023863823 h 10717/0301018014 **70.00
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director	
Р	BOSTIC, R	OD ELDER	2 435	WASHINGTON-STREET 95 Magnolis	BARTOW FL 33830
VP	WARNER,	JERADAS MINST.	2345 E 1	washington street	BARTOW FL 33830
D.	WARNER,	MEDERICAN EVANG.	2345 E V	WASHINGTON STREET	BARTOW FL 33830
D	HARRIS, J	OAN D EVANG.		ACON STREET	υ∈ BARTOW FL 33830
D, T	SELLERS,	LENA DEACNSS		BBONS STREET.	AUE BARTOW FL 33830
S	PINKNEY,	LAQUASHA DEACNSS		MORE STREET	LAKELAND FL 33830
	A. Nan	ne and Address of Current B			9 Name and Address of New Registered Agent

U. Name and Address of Current Registered Agent

BOSTIC, ELDER ROD 2345 E WASHINGTON STREET 995 MAGNOLIG BARTOW FL 33830

CARVER

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

REGISTERED AGENT MUST SIGN

Date 10-15-03

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 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.

NEW EXPERIENCE VICTORY AND PRAISE TABERNACLE-EVANGELIST JOAN HARRIS

870 E. MAIN STREET BARTOW FLA 33830 863-533-8193 (CHURCH PHONE) Joandwh@hotmail.com

October 15, 2003

FLORIDA DEPARTMENT OF STATE GLENDA E. HOOD SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN,

I EVANGELIST JOAN W HARRIS DO DECLARE THAT BY JANUARY 20, 2003 I HAD MOVED FROM 2060 MACON STREET, BARTOW FLORIDA WHICH WAS THE ADDRESS (FOR MAILING) FOR OUR CHURCH.

I DID CHANGE MY ADDRESS AS THE RESIDENT FOR THIS LOCATION BUT I DID NOT CHANGE THE CHURCH ADDRESS.

I DECLARE THAT I DID NOT RECEIVE ANY OTHER NOTICE FROM THE (UBR) AND I AM THE BUSINESS ADMINISTRATOR AND THE ONE RESPONSIBLE FOR THIS BUSINESS.

I RESPECTFULLY REQUEST IF YOU WOULDPLEASE ACCEPT OUR \$61.25 FOR A NON-PROFT CORPORATION, AND BE ASSURED THIS WILL NOT HAPPEN AGAIN. AND REINSTATE US.AND BE ASSURED THIS WILL NOT HAPPEN AGAIN.

YOURS IN THE LORD

EVANGELIST JOAN W HARRIS

CHURCHBUSINESS ADMINISTRATOR