

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 19 PM 3:17

DOCUMENT # N06000012336

1. Corporation Name

New Bethel Missionary Baptist Church of Oakland Park, Inc.

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

4204 Northeast Seventh Terrace

Suite, Apt. #, etc.

City & State

Oakland Park

Zip

33334

Country

US

3. Mailing Office Address

4204 Northeast Seventh Terrace

Suite, Apt. #, etc.

City & State

Oakland Park

Zip

33334

Country

US

700181098717
05/19/10--01027--014 **481.25
REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida

12/4/2006

5. FEI Number

65-0197788

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

Pastor Joe L. Lewis, Sr.

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

17120 Northwest 50 Court

Suite, Apt. #, Etc

City

Miami Gardens

State

FL

Zip Code

33055

PROFIT CORPORATIONS ONLY
☐ The \$600.00 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

Joe Lewis Sr

Date

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	Pastor Joe L. Lewis, Sr.	17120 Northwest 50 Court	Miami Gardens, FL 33055
D	Joseph Johnson, Sr.	1224 Northwest Eleventh Court	Fort Lauderdale, FL 33311
S	Evelyn Johnson	1224 Northwest Eleventh Court	Fort Lauderdale, FL 33311
D	Clinton Lockett	1810 Northwest 33 Avenue	Fort Lauderdale, FL 33311

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Joe Lewis Sr JOE LEWIS SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-16-2010

Daytime Phone #

(561) 621-3454