

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 24 AM 11:36

DOCUMENT # **NO 9000008441**

1. Corporation Name

NEW JERUSALEM BRIDEGROOM MINISTRY, INC

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

806 St. Johns AVE

Suite, Apt. #, etc

3. Mailing Office Address

806 St. Johns AVE.

Suite, Apt. #, etc

City & State

Palatka FLA.

City & State

Palatka FL.

Zip

32177

Country

US.

Zip

32177

Country

US.

CR2E081 (11/10)

4. Date incorporated or Qualified
To Do Business in Florida

8/27/2009

5. FEI Number

80-0454055

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Apostle John L. Sweet

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

612 S. 14th St.

Suite, Apt. #, Etc

City

Palatka

State

FL

Zip Code

32177

**1 certificate of status
Requested**

700199293587

03/25/11--01010--001 **306.25

3-28-11 DC Reinst: 10-11

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

John L. Sweet

REGISTERED AGENT MUST SIGN

Date **3/21/2011**

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.	Sweet, John L.	612 S. 14th St.	Palatka FL. 32177
V.P.	Sweet, Roberta W.	612 S. 14th St.	Palatka FL. 32177
D.	Rivera, ALEX	6710 St. Johns AVE. APT # 813	Palatka FL. 32177
T.	Rivera, JASMINE	6710 St. Johns AVE. APT # 813	Palatka FL. 32177
S.	Rivera, AMANDA	6710 St. Johns AVE APT # 415	Palatka FL. 32177
T.	McMillan, Mildred	2705 West Main St APT A-113	Palatka FL. 32177

10. E-mail Address: **newjerusalem bgm@gmail.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

John L. Sweet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/2011 (386) 546-4977

Daytime Phone #