

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 10 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-21960

1. Corporation Name

New Jerusalem Holiness Church Apostolic Faith Inc.

Principal Place of Business

Mailing Address

5126 Pembroke Rd.
Hollywood, Fl. 33023

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

8-10-87

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0368770

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Mary V. Moore	3712 S.W. 52 Ave #208	Pembroke Park, Fl 3312
VP/D	Wittie E. Moore	3712 S.W. 52 Ave #208	Pembroke Park, Fl. 3302
S/D	Anna M. Wimberly	5411 S.W. 19th street	Hollywood, Fl. 33023

REINSTATEMENT 97-99

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mary V. Moore
3712 S.W. 52 Ave #208
Pembroke Park, Fl 33023

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 600003113726-2
City -01/28/00-01005-008
****367.50 FL ****367.50

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12-8-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 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:

Mary V. Moore President/Director


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-8-99 962-2931
219-9341

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N-21960 1. Corporation Name New Jerusalem Holiness Church Apostolic Faith Inc.			
Principal Place of Business 5126 Pembroke Rd. Hollywood, FL 33023		Mailing Address 2	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 8-10-87	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0368770	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent Mary V. Moore 3712 S.W. 52 Ave #208 Pembroke Park, FL 33023		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Mary V. Moore (President/Director) DATE 12-8-99			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S/D NAME Annie Mae Chandler <input checked="" type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP	1.1 TITLE P/D 1.2 NAME Mary V. Moore 1.3 STREET ADDRESS 3712 S.W. 52 Ave #208 1.4 CITY-ST-ZIP Pembroke Park, FL 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME Monic C. Willis <input checked="" type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP	2.1 TITLE VP/D 2.2 NAME Willie E. Moore 2.3 STREET ADDRESS 3712 S.W. 52 Ave #208 2.4 CITY-ST-ZIP Pembroke Park, FL 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE S/D 3.2 NAME Anna M. Wimberly 3.3 STREET ADDRESS 5411 S.W. 19th Street 3.4 CITY-ST-ZIP Hollywood, FL 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE T/O 4.2 NAME Linda D. Chandler 4.3 STREET ADDRESS 3712 S.W. 52 Ave #208 4.4 CITY-ST-ZIP Pembroke Park, FL 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE O 5.2 NAME Walter B. Chandler 5.3 STREET ADDRESS 320 NW 3rd Court 5.4 CITY-ST-ZIP Hallandale, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE O 6.2 NAME Annie Mae Chandler 6.3 STREET ADDRESS Rt. 4 Box 50-H 6.4 CITY-ST-ZIP King Street, SC 29556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Mary V. Moore Pres/Director		DATE 12-8-99 (954) 962-2931	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (954) 219-9347	