

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 24 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

**CORPORATION
REINSTATEMENT**

DOCUMENT # N28981

1. Corporation Name

New Covenant Holiness Deliverance Church of
Lake Placid, Florida, Inc.

100024263351
10/30/03--01004--011 **726.25

REINSTATEMENT 95-03

2. Principal Office Address

152 Anderson Street

Suite, Apt. #, etc.

N/A

City & State

Lake Placid, FL 33852

Zip

33852

Country

USA

3. Mailing Office Address

P.O. Box 2737

Suite, Apt. #, etc.

N/A

City & State

Lake PLACID, FL 33862

Zip

33862

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/25/88

5. FEI Number

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

Johnnie Sholtz, Jr.

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

152 Anderson Street

Suite, Apt. #, Etc.

N/A

City

Lake Placid

State

FL

Zip Code

33852

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

Johnnie Sholtz, Jr.
REGISTERED AGENT MUST SIGN

Date

10/8/03

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/Dir	Johnnie Sholtz, Jr.	152 Anderson Street	Lake Placid, FL 338
VP/Dir	Beulah M. Sholtz	152 Anderson Street	Lake Placid, FL 33852
Sec.	Mary L. Wyche	153 Main Street	Lake Placid, FL 33852
Dir.	Elliot Wyche, Sr.	153 Main Street	Lake Placid, FL 33852
Dir.	Lamar Crenshaw	104 Carver Street	Lake Placid, FL 33852

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 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:

Johnnie Sholtz, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03
Date

(863)465-2169
Daytime Phone #

CR2E081 (9/00)