

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 AUG -6 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N45354

1. Corporation Name

New Salem Primitive Baptist Church of Jesus,  
Incorporated

000134031260  
08/06/08--01024--001 \*\*245.00

REINSTATEMENT 05-08

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

1500 West 12<sup>th</sup> Street

Suite, Apt. #, etc.

3. Mailing Office Address

1500 West 12<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

Sanford, Florida

City & State

Sanford, Florida

Zip

32771

Country

Seminole

Zip

32771

Country

Seminole

4. Date Incorporated or Qualified  
To Do Business in Florida

9-27-91

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

Joyce Davis

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

709 E. 6<sup>th</sup> Street

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

☒ The 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

Joyce Davis

REGISTERED AGENT MUST SIGN

Date

8/05/08

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	Elder C J Hayes	2117 SE 45 <sup>th</sup> Avenue	Ocala, FL 34480
T	Sandra Wright	1409 William Avenue	Sanford, FL 32771
S	Joyce Davis	709 East 6 <sup>th</sup> Street	Sanford, FL 32771
V	Isiah Rouse	1813 Wm Coolidge Avenue	Sanford, FL 32771
C	William Wright	1409 Williams Avenue	Sanford, FL 32771

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 contained in Chapter 119, 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:

Elder C J Hayes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 3 2008

Date

(352) 258-8608

Daytime Phone #