

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -1 AM 9:23

DOCUMENT # N45354

1. Corporation Name

New Salem Baptist Church of Jesus Christ, Incorporated

300163210583
12/01/09--01016--003 **236.25

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

1500West 12th Street

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 2961

Suite, Apt. #, etc.

City & State

Sanford, Florida

City & State

Sanford, Florida

Zip

32771

Country

USA

Zip

32771

Country

USA

CR2E081 (11/09)

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 East 6th 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 11/15/09

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
D	Haynes, Elder C. J.	2717 SE 45th Avenue	Ocala, FI 34480
V	Rouse, Isiah	1813 Coolidge Ave.	Sanford, FI 32771
S	Davis, Joyce	709 East 6th Street	Sanford, FI 32771
T	Wright, Sandra	1409 Williams Ave.	Sanford, FI 32771
C	Wright, William	1409 Williams Ave.	Sanford, FI 32771

10. E-mail Address: *cjhaynes32@yahoo.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., 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:

Elder C J Haynes

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-09

Date

Daytime Phone #