

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N46735

1. Corporation Name

THE NEWTESTAMENT BAPTIST CHURCH OF AMERICA, INC.,
FORT PIERCE, FLORIDA

2. Principal Office Address

812 North 7th Street

Suite, Apt. #, etc.

City & State

Fort Pierce, Florida

Zip

34950

Country

St. Lucie

3. Mailing Office Address

812 North 7th Street

Suite, Apt. #, etc.

City & State

Fort Pierce, Florida

Zip

34950

Country

St. Lucie

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

01/07/92

5. FEI Number

65-0271738

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

Rev. Ronald E. Wright

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

1211 Avenue G

Suite, Apt. #, Etc.

City

Fort Pierce, Florida

000043367150

12/13/04--01061--023 **245.00

State

FL

Zip Code

34950

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

Rev. Ronald E. Wright
REGISTERED AGENT MUST SIGN

Date 12/1/04

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
PPF	Rev. Ronald E. Wright	1211 Avenue G	34950 Fort Pierce, Florida
T	Frances Harris	3616 Iroquois Avenue	34946 Fort Pierce, Florida
S	Kathy Robinson	4014 46th Street	Vero Beach, FL. 32967
D	Vera Smith	6150 45th Street	Vero Beach, FL. 32967
D	Josephine Malone	6001 Avenue M	Fort Pierce, FL. 34950
D	Raymond Gordon Jr.	1620 Timberlake Drive	Ft. Pierce, FL. 34947

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:

Rev. Ronald E. Wright
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/04

Date

Daytime Phone #

465-3780

468-5442

CR2E081 (01/04)