

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

AND  
FILED

00 SEP -6 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **793000005170**

**1. Corporation Name**

New Birth Christian Fellowship Church, Inc.

**2. Principal Office Address**

3540 Hyacinth Street

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32254

Duval

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

11/17/93

**5. FEL Number**

59-3178087

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. Leonard C. Ross, Sr.

800003391528-3

-09/13/00--01056--002

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

3540 Hyancith Street

\*\*\*\*306.25 \*\*\*\*306.25

Suite, Apt. #, Etc.

**REINSTATEMENT**

City

Jacksonville

State

FL

Zip Code

32254

**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

*Leonard C. Ross Sr.*

REGISTERED AGENT MUST SIGN

Date **3-13-00**

**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
<b>D</b> <b>Pres</b>	<b>Rev Leonard C. Ross Sr</b>	3540 Hyancith Street	Jacksonville, FL 32254
<b>T</b> <b>Sec.</b>	Celestine C. Ross	3540 Hyancith Street	Jacksonville. FL 32254
<b>V. T</b> <b>Pres</b>	Marvin Nash	9314 N. University Blvd #13	Jacksonville, FL

**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:

*Leonard C. Ross Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-13-06 904.781-0978

Daytime Phone #

CR2E081 (9/99)