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**AND
FILED**

1996 NOV -4 PM 12:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NEW LIFE TABERNACLE OF PRAISE & DELIVERANCE CENTER INC.

Mailing Address

5000 WASHINGTON ST.
ORLANDO FL 32811

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State _____

City & State

Zip 37811

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/04/1994

5. FBI Number

59-3227762

Applied For

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

TW(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 S	LAMB, CARLOTTA M	519 JOHN STREET	ORLANDO FL 32811
T	FISHER, WILMA	15000 WASHINGTON ST.	ORLANDO FL 32811
T	MINNIE DOZIER	3827 ECCENTON ST	ORLANDO FL 32811
T	PHILLIP R. WILLIAMS	519 JOHN ST.	ORLANDO FL 32811

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***244.90

BEIN STATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISHER, BISHOP D
5005 CUTLER S.T
ORLANDO FL 32811

Name Bishop Daisy M. Fisher

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Signature M. Fisher

REGISTERED AGENT MUST SIGN

Date 9/19/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/96 407-295-2111