

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1996 NOV -4 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000558**

1. Corporation Name

NEW LIFE TABERNACLE OF PRAISE & DELIVERANCE CENTER INC.

Principal Place of Business

5000 WASHINGTON ST.
ORLANDO FL 32811

Mailing Address

5000 WASHINGTON ST.
ORLANDO FL 32811

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

2. New Principal Office Address, if Applicable

Michael Wilson

3. New Mailing Office Address, if Applicable

5447 Eugene St.

City & State

Orlando Fl.

City & State

Orange

Zip

32811

Country

Orange

Zip

32811

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1994

5. FEI 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S	LAMB, CARLOTTA M	519 JOHN STREET	ORLANDO FL 32811
T	FISHER, WILMA	95000 WASHINGTON ST.	ORLANDO FL 32811
T	MINNIE DOZIER	3627 ECCERITON ST	ORLANDO FL 32811
T	PHILLIP R. WILLIAMS	519 JOHN ST.	ORLANDO FL 32811

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***244.90 ***244.90

REINSTATEMENT

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name **Bishop Daisy M. Fisher**
Street Address (P.O. Box Number is Not Acceptable)
6114 Jennings Rd.
Suite, Apt. #, Etc.
City **Orlando** State **FL** Zip Code **32808**

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

B. Daisy M. Fisher

Date **9/19/96**

REGISTERED AGENT MUST SIGN

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)(f), 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:

Ms. Carole M. S.

SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/96

407-295-2117

Date Daytime Phone