

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC 13 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N9400003203**

1. Corporation Name

**THE NEW JERUSALEM BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

503 NE 16TH ST.  
FT. LAUDERDALE FL 33304

503 NE 16TH ST.  
FT. LAUDERDALE FL 33304



**REINSTATEMENT** *96*

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/23/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0600500	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
DP	BLANC, ALBERT	503 NE 16TH ST.	FT. LAUDERDALE FL 33304
<del>DMS</del> C	<del>CLEDOR, NOLAQUE</del> Jean W. Laquerre	<del>4831 NW 2ND AVE.</del> 1231 NW 60th St.	<del>FT. LAUDERDALE FL 33311</del> Sunrise, FL 33313
DS	BLANC, ALLIANCE	1322 NE 110TH TERR.	MIAMI FL 33161
DS	BLANC, VENESE	503 NE 16TH ST.	FT. LAUDERDALE FL 33304
<del>DS</del> S	<del>CLEDOR, HEANNA</del> Marie Ange Laquerre	<del>4831 NW 2ND AVE.</del> 1231 NW 60th St.	<del>FT. LAUDERDALE FL 33311</del> Sunrise, FL 33313
<del>S</del> S	<del>JEANOT, ROSE</del> Ariane Blnc	<del>1123 NE 6TH AVE.</del> 503 NE 16th St.	<del>FT. LAUDERDALE FL 33304</del> Ft. Lauderdale, FL 33304

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORTES, EFRAIN 1000 E. ATLANTIC BLVD. SUITE 204 POMPANO BEACH FL 33060		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		700002031667--8 -12/17/96 Sign 1238 Code 011 ***245/07***245.00	

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]* REGISTERED AGENT MUST SIGN

Date: *12/16/96*

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)(f), F.U. 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: *Albert Blanc* REGISTERED AGENT MUST SIGN

Date: *12/16/96* Daytime Phone #: *(854) 783-4580*