

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N 94000003234**

1. Corporation Name  
**GREATER LOVE BAPTIST CHURCH  
4617 N W 22nd Avenue  
Miami, FL. 33142**

Principal Place of Business Mailing Address  
**GREATER LOVE BAPTIST CHURCH  
4617 N W 46 Street  
Miami FL. 33142**

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

2. New Principal Office Address, if Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Address, if Applicable  
**3148 N W 169 Terr**  
Suite, Apt. #, etc.  
City & State  
**Opa Locka, FL 33056**  
Zip **33056** Country **Dade**

**FILED**  
97 APR 21 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** **95-97**  
**mwb**

DO NOT WRITE IN THIS SPACE  
4. Date Incorporated or Qualified To Do Business in Florida  
**23rd day February 1994**  
5. FEI Number  
**65003398**  
Applied For  
Not Applicable  
6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(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
S D	Adella Nesbitt	3148 N W 169 Terrace	Opa Locka , FL. 33056
T D	Sudie Williams	2101 N W 52nd Street #C	Miami, FL. 33142
M D	Jessie Davis	2320 N W 95 Street	Miami, FL.
D	Lewis Nesbitt	3148 nw 169 terrace	Opa Locka, FL 33056

**000002150788--E**  
**-04/22/97--01050--025**  
**\*\*\*358.75 \*\*\*358.75**

8. Name and Address of Current Registered Agent

**Rev. Kenneth Lamar Jones  
8833 S W 126 Terr  
Miami, FL. 33176**

9. Name and Address of New Registered Agent

Name **Lewis nesbitt**  
Street Address (P.O. Box Number is Not Acceptable)  
**3148 N W 169 terr**  
Suite, Apt. #, Etc.  
City **Opa Locka** State **FL** Zip Code **33056**

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 **Lewis Nesbitt - pastor**  
REGISTERED AGENT MUST SIGN

Date **4-14-97**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **Lewis Nesbitt - Lewis Nesbitt** **4-14-97** **305-620-0057**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (1/95)