PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

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

APPROVED AND FILED

97 MAY -2 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004245**

1. Corporation Name

NEW MACEDONIA CHURCH AND MINISTRIES, INC.

Principal Place of Business	Mailing Address
155 NW 26TH AVE POMPANO BEACH FL 33060	310 S.W. 1ST ST. DELRAY BEACH FL 33444

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/29/1994

5. FEI Number: 65-0517249 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $6.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	HOLLOMAN, GREGORY F ELDER	310 SW 1ST ST	DELRAY BEACH FL 33444
D	CLARK, VINCENT E ELDER	407 KOEPLER STREET	OCEANDIDE CA 92054
D	MILLER, CARRIE MOTHER	115 SE 5TH ST	DELRAY BEACH FL 33483
D	HOLLOMAN, BENNY DEACON	5415 BAYSIDE DR	ORLANDO FL 32819
D	HOLLOMAN, CAROLYN B DEACONE	5415 BAYSIDE DR	ORLANDO FL 32819
D	Quince, Lillie A. (Minister)	566 Udell Lane	Delray Beach, FL 33445

8. Name and Address of Current Registered Agent

HOLLOMAN, GREGORY F ELDER
310 SW 1ST ST
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

Name: Q. Allen

Street Address (P.O. Box Number is Not Acceptable): 5-2-97

Suite, Apt. #, etc.: REINSTATEMENT 96-97

City: State: FL Zip Code:

CR2E040 (7/95)

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: Elder Gregory F. Holloman Date: 4/13/97

REGISTERED AGENT MUST SIGN

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****306.25 ****306.25

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)

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: Deaconess Carolyn B. Holloman 4/13/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #