

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sally B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP 16 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 97-98 AR
NA1600000031604

1. Corporation Name:
NEW DESTINY CHRISTIAN CENTER Church, Inc.

Principal Place of Business
5396 SILVENSTAN RD
ORLANDO FL 32808

Mailing Address

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

2. New Principal Office Address, If Applicable

5396 SILVENSTAN RD.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5396 SILVENSTAN RD.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

8/96

5. FEI Number

59-3383244

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Co./S Additional Fee required
for a Certificate of Status

City & State
ORLANDO FL
Zip
32808

City & State
ORLANDO FL
Zip
32808

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
Pres/D	ZACHERY TIMS JR.	1033 FEATHERSTONE Cn.	ORLANDO, FL 32808
V.P/D	RIVA F. TIMS	1033 FEATHERSTONE Cn.	ORLANDO, FL 32808
Treas/D	FRED E SANNASON	8607 WHITE ROSE DR.	ORLANDO, FL 32818
Sec/D	MARGUERITE E SANNASON	8607 WHITE ROSE DR.	ORLANDO, FL 32818

8. Name and Address of Current Registered Agent

ZACHERY TIMS JR.
5396 SILVENSTAN RD
ORLANDO FL 32808

9. Name and Address of New Registered Agent

Name
ZACHERY TIMS JR.
Street Address (P.O. Box Number is Not Acceptable)
5396 SILVENSTAN 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

ZACHERY TIMS JR.
REGISTERED AGENT MUST SIGN

Date
9/11/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZACHERY TIMS JR.

Date

9/11/98

407.298.5770
Daytime Phone #

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NEW DESTINY CHRISTIAN CENTER

5396 Silver Star Road
Orlando, Florida 32808
(407) 298-5770

September 10, 1998

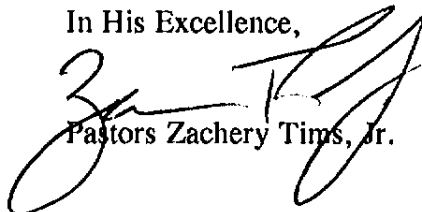
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Secretary of State,

Enclosed you will find my application for reinstatement and my Annual Report Fee. Over the past two years I haven't received any correspondence from your office as it related to my corporate status. It seems as if my mailing address was not updated once we moved locations in September of 1996. It is for this reason my application process lapsed. Enclosed is a check for \$122.50 to pay for the two (2) years Annual Report Fee, I would ask that we be forgiven any fees as it relates to reinstatement being that we knew nothing about filing an annual report being that we didn't receive any correspondence from this office.

Should there be any questions or problems feel free to call me at 407-298-5770

In His Excellence,



Pastors Zachery Tims, Jr.