PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 31 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000003164**

1. Corporation Name

NEW DESTINY CHRISTIAN CENTER CHURCH, INC.

Principal Place of Business	Mailing Address
4400 N POWERS DR ORLANDO FL 32818	4400 N POWERS DR ORLANDO FL 32818

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

REINSTATEMENT 02

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
505 E. McCormick Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Apopka, FL 32703	505 E. McCormick Rd.
City & State	City & State
	Apopka, FL
Zip / Country	Zip / Country
32703 / USA	32703 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/11/1996

5. FEI Number: 59-3383244 — 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TIMS, ZACHERY JR.	2309 MOUNTAIN SPRUCE ST	OCOEE FL 34761
VPD	TIMS, RIVA F	2309 MOUNTAIN SPRUCE ST	OCOEE FL 34761
TD	ESANNASON, FRED	8607 WHITE ROSE DRIVE	ORLANDO FL 32818
SD	ESANNASON, MARGURITE	8607 WHITE ROSE DRIVE	ORLANDO FL 32818

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10/31/02--01011--009 **245.00

8. Name and Address of Current Registered Agent

TIMS, ZACHERY JR.
4400 N POWERS DR
ORLANDO FL 32818

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/28/02
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED ZACHERY TIMS — 10/28/02 — 407 298 5770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #