
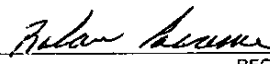



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 MAY -5 AM 7:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Corporation Name <p style="text-align: center;">N97000000318</p> <p>New Birth United Brethren Missionary Baptist Church, Inc.</p>				
2. Principal Office Address 10841 Biscayne Blvd. Suite, Apt. #, etc. City & State Jacksonville, Florida Zip Country 32218 Duval		3. Mailing Office Address 10841 Biscayne Blvd. Suite, Apt. #, etc. City & State Jacksonville, Florida Zip Country 32218 Duval		
		4. Date Incorporated or Qualified To Do Business in Florida January 15, 1997		
		5. FEI Number 59-3434258	Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Lawrence, Roland				
Street Address (P.O. Box Number is Not Acceptable) 10841 Biscayne Blvd. 800076209768				
Suite, Apt. #, Etc. 05/15/06 01003 007 ***421.00				
City Jacksonville		State FL	Zip Code 32218	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.				
Signature of Registered Agent 		Date 2-6-06		
REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P/D	Lawrence, Roland	1858 High Plains Dr. N.	Jacksonville, Florida, 32218	
V/D	Lawrence, Diana	1858 High Plains Dr. N.	Jacksonville, Florida, 32218	
S/D	Lawrence, Jacquelyn	2139 West 39th St.	Jacksonville, Florida, 32209	
T/D	Lawrence, Louise	2439 Spirea St.	Jacksonville, Florida, 32209	
D	Neal, Ellam	8167 Waxwing St.	Jacksonville, Florida, 32208	
D	Lawrence, Eddie	2439 Spirea St.	Jacksonville, Florida, 32209	
10. 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: 		2-6-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

CR2E081 (01/05)