

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 OCT 28 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000318

1. Corporation Name

NEW BIRTH UNITED BRETHRENS MISSIONARY BAPTIST CHURCH, INC.

2. Principal Office Address - No P.O. Box #

10841 Biscayne Blvd.

Suite, Apt. # etc

3. Mailing Office Address

10841 Biscayne Blvd.

Suite, Apt. # etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32218

Country

USA

Zip

32218

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1997

5. FEI Number
593434258

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Roland Lawrence

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

10841 Biscayne Blvd.

Suite, Apt. # Etc

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 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Roland Lawrence

REGISTERED AGENT MUST SIGN

Date 10/26/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Roland Lawrence	1858 High Plains Dr. N.	Jacksonville, FL 32218
VD	Diana Lawrence	1858 High Plains Dr. N.	Jacksonville, FL 32218
SD	Jacquelyn Lawrence	2139 West 39th Street	Jacksonville, FL 32209
TD	Louise Lawrence	2439 Spirea Street	Jacksonville, FL 32209
D	Ellam Neal	8167 Waxwing Street	Jacksonville, FL 32208
D	Eddie Lawrence	2439 Spirea Street	Jacksonville, FL 32209

10. E-mail Address:

(To be used for future annual report notifications)

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. I further certify 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:

Roland Lawrence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/10

Date

9047430057

Telephone #

11/10