

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  FLORIDA DEPARTMENT OF STATE  
**FOR**  
 REINSTATEMENT  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 JAN -4 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000000593**

1. Corporation Name

**NEW MT ZION RESTORATION & DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

2905 PINWOOD AVE.  
WEST PALM BEACH FL 33407

2905 PINWOOD AVE.  
WEST PALM BEACH FL 33407



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

**REINSTATEMENT** *9/8*

4. Date Incorporated or Qualified To Do Business in Florida

01/30/1997

5. FEI Number

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BIVENS, JAMES	2905 PINWOOD AVE.	WEST PALM BEACH FL 33407
SD	BIVENS, CHERE	2905 PINWOOD AVE.	WEST PALM BEACH FL 33407
TD	PRICE, DENNIS	3411 BROADWAY APT 10	WEST PALM BEACH FL 33407

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BIVENS, CHERE  
2905 PINWOOD AVE.  
WEST PALM BEACH FL 33407

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

12/30/98

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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-98

Date

(561) 651-7395  
Daytime Phone #

CR2E040 (09/98)