

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000004819

1. Corporation Name

NEW CREATION MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

400 EXECUTIVE CENTER DRIVE
SUITE 108
WEST PALM BEACH FL 33401

Mailing Address

P.O. BOX 12153
LAKE PARK FL 33403

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

2. New Principal Office Address, If Applicable

907 LAKE SHORE

Suite, Apt. #, etc.

#107

City & State

LAKE PARK

Zip
33403

Country

U.S.A

3. New Mailing Office Address, If Applicable

P.O. Box 12153

Suite, Apt. #, etc.

LAKE PARK

City & State

FL

Zip
33403

Country

U.S.A

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1997

5. FEI Number

65-0758892

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
Pastor	Ellis McKenzie	907 LAKE SHORE	LAKE PARK FL 33403
D-	BARBARA MCKENZIE	" " "	" " "
D-	VALRIE WRIGHT	500 N SAPHIRAL	VI. P.B 33409
D-	DENISE WRIGHT	500 N SAPHIRAL	VI. P.B 33409
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8. Name and Address of Current Registered Agent

WRIGHT, VALERIE K
400 EXECUTIVE CENTER DRIVE
SUITE 108
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name
Ellis C McKenzie
Street Address (P.O. Box Number is Not Acceptable)
907 LAKE SHORE DR
Suite, Apt. #, Etc.
#107
City
LAKE PARK
State
FL
Zip Code
33403

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

REGISTERED AGENT MUST SIGN

Date 11-18-98

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)(f), 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

Date

Daytime Phone #

11-18-98 561-833-8370

CR2E440 (9/98)