

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # N97000004819

99 OCT 25 PM 1:04

1. Corporation Name

NEW CREATION MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

907 LAKE SHORE  
#107  
LAKE PARK FL 33403

Mailing Address

P.O. BOX 12153  
LAKE PARK FL 33403



8/10/99 90013/024 \$101.25

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

2. New Principal Office Address, If Applicable

500 N SAPADILLA AVE

Suite, Apt. #, etc.

City & State

W. P. B.

Zip 33401

Country U.S.A

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Box P.O. BOX 12153

City & State

Lake Park FL

Zip 33403

Country U.S.A

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	4 City / State / Zip
PD	MCKENZIE, ELLIS	907 LAKE SHORE	LAKE PARK FL 33403
D	MCKENZIE, BARBARA	907 LAKE SHORE	LAKE PARK FL 33403
D	WRIGHT, VALRIE	500 N. SAPADILLA	WEST PALM BEACH FL 33409
D	WRIGHT, DENISE	500 N. SAPADILLA	WEST PALM BEACH FL 33409

8. Name and Address of Current Registered Agent

MCKENZIE, ELLIS C  
907 LAKE SHORE DRIVE  
#107  
LAKE PARK FL 33403

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

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

*Ellis McKenzie*

REGISTERED AGENT MUST SIGN

Date

15/10/99

11. I certify that I am an officer or director of 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: *Ellis McKenzie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/10/99

561-833-8370  
Daytime Phone #



## New Creation Missionary Baptist Church

Pastor: Reverend Ellis McKenzie  
500 North Sapodilla Avenue  
West Palm Beach, Florida 33401

Dear Sir / Madam,

Please see  
your records for our check  
we had send in and  
in close our Return.

We Remain some  
New Creation

Ellis McKenzie  
Pastor.