

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005579

1. Corporation Name

NEW LIFE MISSIONARY BAPTIST CHURCH, THE CHURCH T
HAT KEEPS GOD SMILING, INC.

Principal Place of Business

Mailing Address

2701 BROADWAY
RIVIERA BEACH FL 33404

2701 BROADWAY
RIVIERA BEACH FL 33404

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



REINSTATEMENT 07

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0775594

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
S/TR	WHITE, GLADYS D	1317 WEST 10TH STREET	RIVIERA BEACH FL 33404
T	EASLEY, VINCENT B	PO BOX 9307 4912 Victoria Cir W.R.B.	RIVIERA BEACH FL 33419 2nd Palm Bch 33409
D	EASLEY, JAMES B	2631 AVE R UNIT B	RIVIERA BEACH FL 33404
P	EASLEY, VINCENT B	PO BOX 9307 4912 Victoria Cir	RIVIERA BEACH FL 33419 2nd Palm Bch 33409
			500024023575 10/22/03--01066--010 **70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITE, GLADYS D
1317 WEST 10TH STREET
RIVIERA BEACH FL 33404

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)