

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 22 PM 7:31

DOCUMENT # N97000006595

1. Corporation Name

NEWBORN FAITH DELIVERANCE M.B. CHURCH, INC

2. Principal Office Address

4816 N.W. 22ND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33142

Country

MIAMI-DADE

3. Mailing Office Address

4816 N.W. 22ND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33142

Country

MIAMI-DADE

REINSTATEMENT
CR2E081 (8/05)

04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-21-1997

5. FEI Number

65-0795161

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES L. PACLEY

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

12225 N.W. 21ST PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33167

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James L. Pacley

REGISTERED AGENT MUST SIGN

Date

9/15/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PACLEY, JAMES L	12225 N.W. 21ST PLACE	MIAMI, FLORIDA 33167
D	HALL, EDDIE LEE	1762 N.W. 42ND STREET	MIAMI, FLORIDA 33142
D	HUDSON, GLODEAN	230 N.W. 52ND STREET	MIAMI, FLORIDA, 33127
D	CANNADY, MARY E	15455 N.E. 6TH AVENUE APT#C228	MIAMI, FLORIDA, 33162

10. 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: JAMES L. PACLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/15/05 305687-0200

Daytime Phone #