

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 15 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006862

1. Corporation Name

New Destiny Family Worship Center

W02-8921

**REINSTATEMENT 98-02**

2. Principal Office Address

1516 S.W. M.L. King Jr. St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 336

Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

Belle Glade, FL

Zip

33430

Country

USA

Zip

33430

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

01-08-1998

5. FEI Number

65-0797539

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pastor J.R. Thidclin

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

1019 LAKE Terry DRIVE

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33411

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

03-11-02

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
ND	W.T. Towns	644 W. 30th St	West Palm Beach, FL 33407
D	Jeff Vickers	302 Glades Glenn	Belle Glade, FL 33430
D	Valerie Carter	260 S. Barfield Hwy	Pahokee, FL 33476
D	J.R. Thidclin	1019 LAKE Terry Dr.	West Palm Beach, FL 33411
T	Iolanthe Brown	624 Covenant DR	Belle Glade, FL 33420

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 (561) 993-2377

Date

Daytime Phone #

CR2081 (9/01)

- Please Do Not Remove -

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## New Destiny Family Worship Center



J. R. Thicklin  
Senior Pastor

March 12, 2002

Florida Department of State  
Divisions of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314  
Katherine Harris - Secretary of State

Dear Ms. Harris,

My organization is writing you at this time requesting that you would waive our reinstatement fee due to the fact that we did not receive a Uniform Reporting Form and simply was not clear as to the reasons that we did not receive it. It would be a financial hardship on this small organization to pay the total delinquent charges at this time. Enclosed however is the amount quoted by your staff minus the reinstatement fee. This amount includes \$306.25 for the annual report and \$8.75 for the Certificate of Status.

Our Church Non-Profit Organization is located in Belle Glade, FL which is a rural area in which often times mail is not as efficient here as it is in normal city settings. I also would take the time to say that all mail should be addressed to our mailing address, which is a P.O. Box. We do not have mailboxes outside of our establishment.

Thank you in advance for your understanding and cooperation.

Sincerely,

J.R. Thicklin  
Executive Director



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 29, 2002

NEW DESTINY FAMILY WORSHIP CENTER INC.  
PO BOX 336  
BELLE GLADE, FL 33430

SUBJECT: NEW DESTINY FAMILY WORSHIP CENTER INC.  
Ref. Number: N97000006862

We have received your document for NEW DESTINY FAMILY WORSHIP CENTER INC. and check(s) totaling \$315.00. However, your check(s) and document are being returned for the following:

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please return your original cover sheet when resubmitting the document and check.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap  
Document Specialist Supervisor

Letter Number: 202A00018885

*Corrections made  
4/9/02  
[Signature]*