

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 MAR 22 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # *N9800000 D 342*

1. Corporation Name

Greater New Covenant M.B. Church Inc.

2. Principal Office Address

1580 NW 16th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33030

Country

USA

3. Mailing Office Address

1580 NW 16th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33030

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/21/98

5. FEI Number

65-0806656

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

Deborah Davis

600003892916-6

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

19501 East Oakmont Drive

03/22/01-01067-008

*****358.75 *****358.75

Suite, Apt. #, Etc.

600003892916-6

03/22/01-01070-001

*****358.75 *****358.75

City

Miami

State

FL

Zip Code

33015

REINSTATEMENT

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

Deborah Davis

REGISTERED AGENT MUST SIGN

Date 3/20/2001

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
<i>Dir.</i> Pres	Joseph Sewell	1580 NW 16th Avenue	Miami, Fl. 33030
<i>VP</i> <i>Dir</i>	Kelvin Pendleton, VP	1442 Harrison Street	Miami, Fl. 33176
Trea	Deborah Dickerson	1111-1 Adams Avenue	Homestead, Fl. 33034
<i>Dir.</i> 1st Secretary	Elizabeth Sewell	1580 NW 16th Avenue	Homestead, Fl. 247-4461
2nd Secretary	Deborah Davis	19501 E. Oakmont Drive	Miami, Fl. 33015

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:

Deborah Davis

Deborah Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2001

Date

(305) 829-5444

Daytime Phone #

CR2E081 (9/00)