

**2008 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

08 FEB 25 PM 1:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02182008 REIN-NP CR2E099 (1/07)

DOCUMENT # N98000000342					
1. Entity Name GREATER NEW COVENANT M.B. CHURCH INC.					
Principal Place of Business 3346 N 11 DRIVE HOMESTEAD, FL 33033		Mailing Address PO BOX 901456 HOMESTEAD, FL 33090			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0806656	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEWELL, JOSEPH G 3346 N 11 DRIVE MIAMI, FL 33033			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
DATE					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEWELL, JOSEPH		NAME	800118741228	
STREET ADDRESS	3346 N 11 DRIVE		STREET ADDRESS	02/25/08--01034--006	**122.50
CITY-ST-ZIP	MIAMI, FL 33033		CITY-ST-ZIP		
TITLE	DTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MABRY, GEORGE		NAME		
STREET ADDRESS	590 N.W. 6TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33117		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKERSON, DEBORAH		NAME		
STREET ADDRESS	6700 NW 14 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33033		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MABRY, PHILLIS		NAME		
STREET ADDRESS	590 NW 6TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY, FL 33117		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	

REINSTATEMENT

RH 1-08