


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000342			
1. Corporation Name GREATER NEW COVENANT M.B. CHURCH INC			
2. Principal Office Address 255 BE 2 AVENUE Suite, Apt. #, etc. HOMESTEAD City & State FLORIDA Zip 33030		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country DADE	
4. Date Incorporated or Qualified To Do Business in Florida JAN 21, 1998		5. FEI Number 65-0806656	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name JOSEPH G. SEWELL, PRES.		
Street Address (P.O. Box Number is Not Acceptable) 1580 NW 16 AVENUE, MIAMI FLORIDA, 33030		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33030

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.

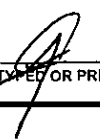
Signature of Registered Agent:  Joseph G. Sewell
 REGISTERED AGENT MUST SIGN

Date: 3/3/03

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
PRES	JOSEPH G. SEWELL	1580 NW 16 AVENUE	MIAMI FL 33030
TRES	DEBORAH DICKERSON "T"	6700 N.W. 14 AVENUE	MIAMI FL 33033
SECY	PHILLIS MABRY "T"	590 NW 6TH AVENUE	FLORIDA CITY FL 33117
DIR	KELVIN PENDLETON "T"	1442 HARRISON STREET	MIAMI FLORIDA 33176

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:  Joseph G. Sewell
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/3/03
 Daytime Phone #: 305 693 5195

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