

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF "STATE"
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -4 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001291

1. Corporation Name

New Life Praise And Worship Ministry, Inc.

2. Principal Office Address

10 N.E. 193rd STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33179

Country

3. Mailing Office Address

10 N.E. 193rd STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33179

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03-04-1998

5. FEI Number

650882568

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

HARRIETT THARPE-FELTON

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

10 N.E. 193 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33179

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

HARRIETT THARPE-FELTON
REGISTERED AGENT MUST SIGN

Date 05-03-05

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
DP	HARRIETT THARPE-FELTON	10 N.E. 193 rd STREET	MIAMI, FL. 33179
C	WILLIAM F. FELTON SR.	10 N.E. 193 rd STREET	MIAMI, FL. 33179
SD	SOAN PYLES	1560 N.E. 191 ST. #105	N. MIAMI BCH. FL 33179
TD	INEIL WASHINGTON	15955 E. BUNCHE PARK DR.	OPA LOCKA, FL. 33054
T	GLORIA HEARD	15321 N.W. 18 th AVE.	OPA LOCKA, FL. 33054
S	HATTIE BUTLER	18810 N.W. 11 th AVE	MIAMI, FL. 33169

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:

HARRIETT THARPE-FELTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRIETT THARPE-FELTON

05-03-05

Date

305-652-6045

Daytime Phone #

CR2E081 (01/05)