

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 12 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # n98000001658

1. Corporation Name

MIRACLE TEMPLE NEW TESTAMENT ASSEMBLY, INC.

2. Principal Office Address

910 Caloosahatchee Ave

Suite, Apt. #, etc.

City & State

Labelle, FL

Zip

33975

Country

Henry

3. Mailing Office Address

7 The Court

Suite, Apt. #, etc.

c/o Audrey D.F. Smart

City & State

New Rochelle, NY

Zip

10801

Country

Westchester

4. Date Incorporated or Qualified  
To Do Business in Florida

March 23, 1998

5. FEI Number

31-1582799

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

Rev. Albert H. Lewis

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

732 Long Line Lane

Suite, Apt. #, Etc.

Lehigh Acres

City

LeHigh Acres

State

FL

Zip Code

33936

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

*Albert H. Lewis*

REGISTERED AGENT MUST SIGN

Date

*7/26/02*

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

Pastor Albert H. Lewis

732 Long Line Lane

Lehigh Acres FL 33936

Trustee Dalvis Barrett

4513 Lee Blvd.

Lehigh Acres FL 33971

Trustee Lambert Jordan

2910 9th Street SW

Lehigh Acres, FL 33971

Trustee Ernest E. Evans

2018 Webster Avenue

Bronx, NY 10454

Trustee Alvira B. Green

1 Glenwood Avenue

Yonkers, NY 10701

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

*7/26/02* 914-633 4415

Date

Daytime Phone #

CR2E081 (9/00)

***Smart's Management & Consulting Associates, LLC.***  
***7 The Court***  
***New Rochelle, New York 10801***  
***914 - 633-4415***  
***(Fax) 914-632-6836***

**Audrey D.F. Smart**  
**President**

August 6, 2002

August 6, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclose please find an application for Reinstatement of Miracle Temple New Testament Assembly, Inc. along with a check in the amount of \$245.00. As stated previously on the phone Miracle Temple New Testament Assembly has never received any notice and/or documentation for the State with regards to the above mentioned Church.

Please in the future please send any and all mail or inquires to the **mailing office address** or the Pastor of the church who is listed as the **registered agent**.

If you have any questions please feel free to contact me at the above address and/or telephone number.

Sincerely,

Brenda M. Francis  
Administrative Manager