

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 15 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005190

1. Corporation Name

NEW BETHEL MISSIONARY BAPTIST CHURCH OF LIBERTY
CITY, INC.

Principal Place of Business

Mailing Address

1571 NW 68TH TERR.
MIAMI, FL 33147

1571 NW 68TH TERR.
MIAMI FL 33147



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1999

5. FEI Number

65-0459192

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|--------------------------------|--|---|---|
| P | BROWN, ANTHONY | 431 NW 184 TERR | MIAMI FL 33169 |
| C C/O | WILSON, NATHANIEL BURNS, GEORGE | 10125 NW 40 AVE 1531 NW 63 ST | OPA LOCKA FL 33055 MIAMI, FL 33147 |
| T | STAFFORD, PAULA | 1960 NW 82ND ST | MIAMI FL 33147 |
| D D | AUSTIN, KENNETH FYNE, ADRIAN | 61 KALANDER STREET 17837 SW 114 STAV | OPA LOCKA FL 33054 MIAMI, FL 33157 |
| D | HARRICK, IRENE | 19610 NW 11 AVE | MIAMI FL 33169 |
| D | GAITOR, BRIAN | 19299 NW 33RD AVE | MIAMI FL 33058 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, ANTHONY
431 NW 184TH TERR.
MIAMI FL 33169

Name

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

200031292182

Suite, Apt. #, Etc.

03/26/04--01100--012 **236.25

City

100032754674
04/14/04--01053--008FL**70.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

12-8-03

REGISTERED AGENT MUST SIGN

11. 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:

Paula Stafford - PAULA STAFFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-8-03

CR2040 (7/03)