

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49000005190

1. Corporation Name

NEW BETHEL MISSIONARY BAPTIST CHURCH
OF LIBERTY CITY, INC.

2. Principal Office Address

1571 NW 68TH TERR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33147

Country

USA

3. Mailing Office Address

1571 NW 68TH TERR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33147

Country

USA

REINSTATEMENT

CR2E081 (12/01)

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

ANTHONY BROWN

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

1571 NW 68TH TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

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

Anthony Brown

REGISTERED AGENT MUST SIGN

Date

1-22-07

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
P	ANTHONY BROWN	1571 NW 68 TH TERRACE	MIAMI FL 33147
C	GEORGE BURNS	6800 NW 5 TH AVENUE	MIAMI FL 33150
T	SHEILA PHILLIPS	900 NW 47 STREET	MIAMI FL 33127
D	ADRIAN FYNE	17837 SW 114 AVENUE	MIAMI FL 33157
S	IRENE HAMRICK	5241 NW 27 STREET	LAUDERHILL FL 33313

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 contained in Chapter 119, 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:

Anthony Brown Anthony Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22-07

Daytime Phone #

305696495