REINSTATEMENT

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-01-2004 90007 030 ****70.00
FILED N99000006254

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N99000006254

1. Entity Name
New Life Praise & Deliverance Church, Inc.

DO NOT WRITE IN THIS SPACE

54056171

REINSTATEMENT DO NOT WRITE IN THIS SPACE 03-04

2. Principal Place of Business	3. Mailing Address
11373 SW 211 Street	14700 SW 150 St.
Suite, Apt. #, etc.: St. 18 + 19	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami, FL
Zip: 33177 Country: Dade	Zip: 33196 Country: Dade

4. FEI Number — Applied For / ✓ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Patricia T. Ray

Street Address (P.O. Box Number is Not Acceptable): 14700 SW 150 Street

Miami 300038199813

City: Miami 06/23/04--01071--UBR FL Zip Code: 33196

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Patricia T. Ray 6-17-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE	P	TITLE	
NAME	Patricia T. Ray	NAME	
STREET ADDRESS	14700 SW 150 St	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33196	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Rhonda Hanna	NAME	
STREET ADDRESS	8000 SW 210 St. Apt. 308	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33157	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	ALICE LAMB	NAME	
STREET ADDRESS	17111 SW 117 Ct	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33177	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia T. Ray Patricia T. Ray 5/28/04 (305) 992-5317 (305) 971-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #