

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 AUG 23 AM 9:29

DOCUMENT # *M99000006957*

1. Corporation Name

New Birth Deliverance Ministry Inc

2. Principal Office Address

412 N. Massachusetts
Suite, Apt. #, etc.

3. Mailing Office Address

415 Montgomery Ave.
Suite, Apt. #, etc.

2002

City & State

Lakeland Fl.

City & State

Lakeland Fl.

Zip *33801*

Country *Polk*

Zip *33801*

Country *Polk*

4. Date Incorporated or Qualified To Do Business in Florida

11-29-99

5. FEI Number

59-349-9678

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 *Lillie Laster - Jones*

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

Suite, Apt. #, Etc.

City *Lakeland*

State **FL**

Zip Code *33801*

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 *Lillie Laster Jones*
REGISTERED AGENT MUST SIGN

Date

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
<i>President</i>	<i>Lillie Mae Jones</i>	<i>415 Montgomery Ave</i>	<i>Lakeland Fl. 33801</i>
<i>Vice President</i>	<i>SAVID Jones</i>	<i>415 Montgomery Ave</i>	<i>Lakeland Fl. 33801</i>
<i>Chairman</i>	<i>SOPHIA Austin</i>	<i>415 Montgomery Ave</i>	<i>Lakeland Fl. 33801</i>
<i>Treasurer</i>	<i>Darrell M. Jones</i>	<i>"</i>	<i>"</i>
<i>Secretary</i>	<i>Sylvia Laster</i>	<i>"</i>	<i>"</i>

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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:

Lillie Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)