

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

04 APR 29 PM 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019136

1. Corporation Name

New Beginnings of NE Florida, Inc.

400034541014
04/29/04--01013--017 **300.00

2. Principal Office Address

1023 A1A Beach Blvd.

3. Mailing Office Address

1023 A1A Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

2-20-01

City & State

St. Augustine, FL

City & State

St. Augustine, FL

5. FEI Number

59-3704908

Applied For

Not Applicable

Zip

32080

Country

St. Johns

Zip

32080

Country

St. Johns

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kimberly A. Gore

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

12 Hawaiian Blvd.

Suite, Apt. #, Etc.

City

St. Augustine

State
FL

Zip Code
32080

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

Kimberly A. Gore
REGISTERED AGENT MUST SIGN

Date

4/26/04

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
PTD	Kimberly A. Gore	12 Hawaiian Blvd.	St. Augustine, FL32080

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:

Kimberly A. Gore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

Daytime Phone #

CR2E081 (01/04)

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New Beginnings of NE Florida, Inc.
1023 A1A Beach Blvd.
St. Augustine, FL 32080

April 26, 2004

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

Re: Corporation Reinstatement

Gentlemen:

I have recently been informed by my accountant that New Beginnings of NE Florida, Inc. was dissolved last year for not filing a 2003 Annual Report. Enclosed is a reinstatement form and a check in the amount of \$300.00 for the 2003 and 2004 annual filing fees.

I am requesting that the reinstatement fee be waived because I did not receive the 2003 Annual Report. Our business moved in 2002 and the Annual Report was not forwarded to our new address.

Thank you for your consideration of this request.

Sincerely,



Kimberly A Gore
President

Enclosures