

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 17 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001221

1. Corporation Name

New Beginnings Ministries of Gospel Temple, Inc.

000025069050

11/26/03--01029--020 **358.75

2. Principal Office Address

2404 N. 41st Street

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

Zip

34950

Country

St. Lucie

3. Mailing Office Address

2404 N. 41st Street

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

Zip

34950

Country

St. Lucie

REINSTATEMENT

01-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/21/2000

5. FEI Number

65-0998690

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

Michael Brown

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

3107 Anderson Drive

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34946

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

Michael Brown

REGISTERED AGENT MUST SIGN

Date

11/13/03

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
D	Michael Brown	3107 Anderson Drive	Ft. Pierce, FL 34946
D	Joanne Cooper	803 King Orange Dr., #C	Ft. Pierce, FL 34982
D	Oliver McPherson	2901 Sheraton Blvd.	Ft. Pierce, FL 34946
D	April Veillard	2618 S. 28th Street	Ft. Pierce, FL 34981

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:

Michael Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Brown, Director

Date

11/13/03 772-462-5224

Daytime Phone #

CR2E081 (10/02)