

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

04 OCT 18 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003886

1. Corporation Name

The New Beginning Community
Development Corporation

2. Principal Office Address

13850 NW 26th Avenue

Suite, Apt. #, etc.

City & State

Opa-Locka, FL

Zip

33054

Country

USA

3. Mailing Office Address

13850 NW 26th Avenue

Suite, Apt. #, etc.

City & State

Opa-Locka, FL

Zip

33054

Country

USA

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/2000

5. FEI Number

65-1020777

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

Smith, Cheryl

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

14900 NW 6th Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

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

Cheryl Smith

REGISTERED AGENT MUST SIGN

Date 10/12/04

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
PD	Smith, Cheryl	14900 NW 6 th Court	Miami, FL 33168
VPD	Donald, Sharon	13850 NW 26 th Avenue	Opa-Locka, FL 33054
SD	Freeman, Michael	13850 NW 26 th Avenue	Opa-Locka, FL 33054
TD	Smith, Cheryl	14900 NW 6 th Court	Miami, FL 33168

700041950727
10/18/04--01095--011 **245.00

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:

Cheryl Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/04

Date

305-785-3255

Daytime Phone #

CR2E081 (01/04)