

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 26 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 11000000004866

**1. Corporation Name**

NEW BEGINNINGS BAPTIST MINISTRIES  
of Orlando FLORIDA, INC.

**2. Principal Office Address**

6410 Abbeydale Ct

Suite, Apt. #, etc.

N/A

City & State

Orlando FL

Zip

32818

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

N/A

City & State

Same

Zip

Same

Country

USA

**REINSTATEMENT**

01-04

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

7/21/00

**5. FEI Number**

39-3616858

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ Yes

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Connie Martin, SR

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

4536 Brooke St

Suite, Apt. #, Etc.

N/A

City

Orlando

State  
FL

Zip Code

32811

**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

Dec Connie Martin

Date

3-17-04

REGISTERED AGENT MUST SIGN

**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
<u>Pres</u>	<u>Dorhan Richards</u>	<u>6410 Abbeydale Ct</u>	<u>Orlando FL 32818</u>
<u>D</u>	<u>Johany Bridges</u>	<u>3218 Herold Dr</u>	<u>Orlando FL 32811</u>
<u>D</u>	<u>Connie Martin SR</u>	<u>4536 Brooke St</u>	<u>Orlando FL 32811</u>

**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)(f), 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:

Dorhan Richards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04

Date

Daytime Phone #

CR2001 (01/04)