PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 NOV -6 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006155

1. Corporation Name

NEW BEGINNING CHURCH OF DELIVERANCE, INC.

REINSTATEMENT 2001

Principal Place of Business	Mailing Address
~~2758 NW 50TH ST~~	~~2758 NW 50TH ST~~
~~MIAMI FL 33142~~	~~MIAMI FL 33142~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
6965 N.W. 15th Avenue	6965 N.W. 15th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33147 Country: USA	Zip: 33147 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/14/2000

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CARTY, CHARLES E	3321 NW 214TH ST	MIAMI FL 33050
SD	DOUGLAS, ALICIA M	11605 SW 220TH ST	MIAMI FL 33170
TD	FERGUSON, WELLINGTON	4320 NW 23RD CT	MIAMI FL 33142
D	JORDAN, MARY E	1428 NW 103RD ST	MIAMI FL 33147
D	DOUGLAS, JESSIE	11605 SW 220TH ST	MIAMI FL 33170
SD	DAVIS, BETTY F	1520 NE 151 ST, UNIT 103	N MIAMI BEACH FL 33162

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MILLER, GLENN R 67 NE 168TH ST NORTH MIAMI BEACH FL 33162	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 900004698049--7 City -11/29/01 State 01340 Code 018 ****236.25 FL ****236.25

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: GLENN J MILLER REQUIRED Date: 10-31-01

REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED 10-3-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #