

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000006778

1. Corporation Name

NEW BEGINNINGS CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

~~1601 OLD DIXIE HWY~~  
~~RIVIERA BEACH FL 33404~~

Mailing Address

~~1601 OLD DIXIE HWY~~  
~~RIVIERA BEACH FL 33404~~

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

2. New Principal Office Address, If Applicable

~~1500 Broadway,~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~1500 Broadway,~~  
Suite, Apt. #, etc.

City & State

~~Riviera Beach FL~~

Zip

33404

Country

USA

City & State

~~Riviera Beach~~

Zip

33404

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/2000

5. FEI Number

65-1028780

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
D	MCNEECE, SAMUEL	408 CAROLINE DRIVE	WEST PALM BEACH FL 33413
D	MCNEECE, YOLANDA	408 CAROLINE DRIVE	WEST PALM BEACH FL 33413
D	COOPER, VESCOE	570 WEST 35TH STREET	RIVIERA BEACH FL 33404
DT	<del>FOX, CRYSTAL</del> Corley, Sheronda	<del>838 ROYAL PALM BLVD</del> 1374 1316 street	<del>ROYAL PALM BEACH FL 33411</del> West Palm Beach FL 33407
DS	<del>GAINER, SABRENA</del> COOPER, SABRENA	570 WEST 35TH STREET	RIVIERA BEACH FL 33404
			100022313701 08/14/03--01036--009 **366.50

8. Name and Address of Current Registered Agent

MCNEECE, SAMUEL L  
~~1601 OLD DIXIE HWY~~  
RIVIERA BEACH FL 33404

9. Name and Address of New Registered Agent

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

~~1500 Broadway~~

Suite, Apt. #, Etc.

City

Riviera Beach

State

FL

Zip Code

33404

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

*Samuel L. McNece*  
REGISTERED AGENT MUST SIGN

Date

08-11-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sabrina Cooper*  
Sabrena Cooper

Date

8-11-03 (561) 842-5034

Daytime Phone #

CR2040 (8/01)