

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007201

1. Corporation Name

New Beginning Church, Inc.

2. Principal Office Address

4142 Sunset Drive

Suite, Apt. #, etc.

City & State

Zolfo Springs, FL

Zip

33890

Country

U.S.A.

3. Mailing Office Address

4142 Sunset Dr.

Suite, Apt. #, etc.

City & State

Zolfo Springs, FL

Zip

33890

Country

U.S.A.

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2000

5. FEI Number

59-3690169

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

Ables, Clifford, M III

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

5515 Commerce Ave

Suite, Apt. #, Etc.

City

Sebring

State

FL

Zip Code

33870-3869

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

[Signature]

Date

11-4-03

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
D	<u>Crider, Tom</u>	<u>310 Pennsylvania Ave.</u>	<u>Wauchula, FL 33873</u>
D	<u>Adams, Richard</u>	<u>4098 Sunset Dr.</u>	<u>Zolfo Springs, FL 33890</u>
D	<u>Adams, Jim</u>	<u>2490 Morgan Rd.</u>	<u>Zolfo Springs, FL 33890</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)(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] Jim Adams 11-11-03 863-735-1374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (1/02)

# New Beginning Church Inc.

◆◆  
Mailing Address ◆ 4124 Sunset Dr. ◆ Zolfo Springs, FL 33890  
Phone 863-735-0555

November 11, 2003

Department Of State  
Division Of Corporations  
PO Box 6327  
Tallahassee, FL 32399

Dear Sir or Madam,

I am writing to request reinstatement for New Beginning Church Inc. This year we did not receive a copy of the Uniform Business Report for 2003. Neither did we receive any warning notices that we would loose our incorporated status. Enclosed is \$61.25 for our yearly report fee that I was instructed by your office to send along with the enclosed form. Thank you for your time.

Sincerely,

Michael D. Peele  
Acting Secretary

*Michael D. Peele*