

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG 18 PM 1:35

SEP 11 2006
TAMPA, FLORIDA

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000005371

1. Corporation Name

NEW FOUND FREEDOM OUTREACH
MINISTRIES, INC.

2. Principal Office Address

8610 CAUSEWAY BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 8793

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33619

Country

US

Zip

33674

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

35-2189407

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

ROBIN WATLEY

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

1507 FISH FIN COURT.

Suite, Apt. #, Etc.

City

TAMPA

Fla.

State

FL

Zip Code

33619

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

Robin Rob Watley

REGISTERED AGENT MUST SIGN

Date Aug 17, -06

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
PCD	ROBIN E. WATLEY	1507 FISH FIN COURT	TAMPA, FLA. 33619
SD	PAMELA SAMS	1718 STRATFORD ST.	SAVANNAH, GA 31402
TD	ARECIA BOWERS	1507 FISH FIN COURT	TAMPA, FLA. 33619
C	ELOUISE BOLLING	132-47 156 th ST.	JAMAICA, N.Y. 114343225

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 contained in Chapter 119, 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:

Robin E. Watley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug-17-06 912-247-2177

Date

Daytime Phone #