

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 16, 2008 8:00 A.M.
Secretary of State

DOCUMENT # 101000005371

1. Corporation Name New Found Freedom Outreach Ministries, Inc

2. Principal Office Address - No P.O. Box #

8610 Causeway Blvd PO Box 8793

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tampa Fla.

City & State

Tampa Fla.

Zip

33619

Country

Hillsbor

Zip

33674

Country

Hillsbor

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

6-25-2001

5. FEI Number

352189407

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.

Tampa Fla.

City

State

FL

Zip Code

33619

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

000139228440
12/23/08--01012--017 **122.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ron Watley

Date 12-6, 2008

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
PED	<u>Ron Watley, Robin C</u>	<u>1507 fish fin Court</u>	<u>Tampa Fla 33619</u>
SD	<u>Sams, Pamela</u>	<u>1718 STRATFORD STREET</u>	<u>Savannah GA 31402</u>
TD	<u>BOWERS ARECIA</u>	<u>1507 fish fin Court</u>	<u>Tampa Fla 33619</u>
C	<u>BOLLING ELUISE</u>	<u>132-47 156th STREET</u>	<u>Jamaica N.Y 114343325</u>
		REINSTATEMENT 07-08	B 12/17/08
		<u>000139228440</u>	<u>12/23/08--01012--017</u> **122.50

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 807 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 807.0401 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:

Ron Watley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-6-2008

Daytime Phone #

912-24721 77