

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -8 PM 2:23

DOCUMENT # No 100000 5956

1. Corporation Name

Its A New Beginning Outreach Inc.

REINSTATEMENT 03-05

2. Principal Office Address

1284 NW 119th St

Suite, Apt. #, etc.

City & State

miami FL

Zip

33167

Country

Dade

3. Mailing Office Address

1197/99 NW 101 St

Suite, Apt. #, etc.

City & State

miami FL

Zip

33150

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

7/23/01

5. FEI Number

65-1133752

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$675 Additional Fee required
for a Certificate of Status

08/08/05 01063 008 \$367.50

7. Name and Address of Current Registered Agent

Name

Darlene Braxton

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

20320 NW 29th

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33056

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]

REGISTERED AGENT MUST SIGN

Date 8/3/05

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
<u>P/D</u>	<u>Darlene Braxton</u>	<u>20320 NW 29th</u>	<u>miami FL 33056</u>
<u>VP</u>	<u>Diamond Smith</u>	<u>19000 NW 23rd St</u>	<u>miami FL 33056</u>
<u>T</u>	<u>Devinna Dwight</u>	<u>1197 NW 101 St</u>	<u>miami FL 33150</u>
<u>D</u>	<u>spectacular Smith</u>	<u>1199 NW 101 St</u>	<u>miami FL 33150</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] Darlene Braxton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/05 7864437306
Date Daytime Phone #

CR2E081 (01/05)