

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 14 AM 11:37

DOCUMENT # **ND1000005956**

1. Corporation Name

Its A New Beginning Outreach Inc.

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

18255 NW 68th Ave

Suite, Apt. #, etc.

116

City & State

miami

Zip

33015

Country

Dade

3. Mailing Office Address

18255 NW 68th Ave

Suite, Apt. #, etc.

116

City & State

miami

Zip

33015

Country

Dade

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/21/01

5. FEI Number

65-1133752

☐ 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

Darlene Braxton

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

18255 NW 68th Ave.

Suite, Apt. #, Etc.

#116

City

Miami

State

FL

Zip Code

33015

600181958876

06/10/10--01035--002 **8.75

300182047083

06/14/10--01004--016 **367.50

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

Darlene Braxton

REGISTERED AGENT MUST SIGN

Date **6/4/10**

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
Pd	Spectacular Smith	13781 SW 42 ST	Davie, FL, 33330
VP	Darlene Braxton	18255 NW 68th Ave #116	miami FL 33015
Trea	Devinna Dwight	18255 NW 68th Ave #116	miami FL 33015
Secre	Priscilla Dwight	18255 NW 68th Ave #116	miami FL 33015
Offices	Diamond Smith	13781 SW 42 ST	Davie, FL, 33330

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Darlene Braxton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(786) 443-7306

B 6/14/10
REINSTATEMENT
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06/10/10--01035--001 **236.25