

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 20 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 101000008463

1. Corporation Name

New Birth Fellowship Inc.

2. Principal Office Address

1045 E. Hwy 90 E

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 73

Suite, Apt. #, etc.

City & State

Defuniak Springs, FL

Zip

32433

Country

USA

City & State

Defuniak Springs FL

Zip

32433

Country

USA

REINSTATEMENT

10-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/04/01

5. FEI Number

752994105

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

Henry Beach

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

111 W. Chaffin Ave.

Suite, Apt. #, Etc.

City

Defuniak Springs

200081473302

11/02/06--01033--017 **236.25

200081473302

11/28/06--01057--005 **61.25

State

FL

Zip Code

32433

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

Henry Beach

REGISTERED AGENT MUST SIGN

Date 10/31/06

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
<u>D</u>	<u>Henry Beach</u>	<u>111 W. Chaffin Ave.</u>	<u>Defuniak Springs FL 32433</u>
<u>D</u>	<u>Renee Campbell</u>	<u>1237 N. 20th St</u>	<u>Defuniak Springs, FL 32433</u>
<u>D</u>	<u>Cindy Howard</u>	<u>240 Quebec Ave.</u>	<u>Defuniak Springs FL 32433</u>
<u>D</u>	<u>Barbara Murphy</u>	<u>P.O. Box 1171</u>	<u>Defuniak Springs FL 32433</u>
<u>D</u>	<u>Leisha McKinley</u>	<u>2062 B. Rickards Rd.</u>	<u>Tallahassee FL 32308</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 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:

Leisha McKinley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/06

Daytime Phone #

766-SP68
K. Eckel NOV 20 2006