

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAY -9 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO1000008568**

1. Corporation Name

**New Vision, New Birth International
Ministries, Inc.**

2. Principal Office Address

9415 N. Nebraska Avenue

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33612

Country

USA

3. Mailing Office Address

P.O. Box 16664

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33687-6664

Country

USA

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

December 6, 2001

5. FEI Number

59-3758595

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

Stanford L. Young, Jr.

200018676602

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

7201 Lakes Divide Rd.

Suite, Apt. #, Etc.

City

Temple Terrace, FL

State

FL

Zip Code

33637

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

Stanford L. Young

REGISTERED AGENT MUST SIGN

Date

4/29/03

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
P/D	AD Stanford L. Young	7201 Lakes Divide Rd.	Temple Terrace, FL 33637
V/D	AV Agnes L. Young	7201 Lakes Divide Rd.	Temple Terrace, FL 33637
S/D	DS Deon Hooks	13431 Key Largo Rd.	Tampa, FL 33612
D	DS Sherry Major	10407 Paragon Place	Riverview, FL 33569
D	MS Marva Lettman	10407 Paragon Place	Riverview, FL 33569

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:

Stanford L. Young, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

813-983-1832

Daytime Phone #

91 5119

CR2E081 (10/02)