2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2009
Secretary of State

DOCUMENT# N02000006725

Entity Name: NEW BEGINNINGS OF TAMPA, INC.

Current Principal Place of Business:

1402 CHILKOOT AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1611 E. BOUGAINVILLEA AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 52-2376444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ATCHISON, THOMAS E
1611 E. BOUGAINVILLEA AVE.
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS E. ATCHISON
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPVT ( ) Delete
Name: ATCHISON, THOMAS E
Address: 1402 CHILKOOT AVE
City-St-Zip: TAMPA, FL 33612 US

Title: S ( ) Delete
Name: DENTON, VICTORIA L
Address: 34921 LOUISE ROAD
City-St-Zip: RIDGE MANOR, FL 33523 US

Title: D ( ) Delete
Name: TAYLOR, RAYMOND
Address: 3602 N. 53RD ST.
City-St-Zip: TAMPA, FL 33619 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PRESCOTT, HERMAN W
Address: 1607 BOUGAINVILLEA
City-St-Zip: TAMPA, FL 33612 US

Title: D (X) Change ( ) Addition
Name: MASENGARB, STEVEN
Address: 1606 BOUGAINVILLEA
City-St-Zip: TAMPA, FL 33612 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. ATCHISON DPVT 10/22/2009
Electronic Signature of Signing Officer or Director — Date