

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 16 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009641

1. Corporation Name

New Beginnings Anointed Christian Center, INC

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

5125 West Jackson St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 6608

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32503

Country

Zip

32513

Country

800162844428

11/16/09--01030--011 **61.25

REINSTATEMENT 09

4. Date Incorporated or Qualified
To Do Business in Florida

2007 aug

5. FEI Number

270007296

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

Kevin O. Miller

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

3210 North Roosevelt St

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

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

Kevin O. Miller

Date Nov 10, 2009

REGISTERED AGENT MUST SIGN

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	Kevin O. Miller	3210 N. Roosevelt St.	Pensacola, FL 32503
DR	Cynthia Miller	3210 N. Roosevelt St.	Pensacola, FL 32503
DR	Elaine Daniels	516 Victoria DR	Cedar, Texas 78613

10. E-mail Address: pastor@nbicc.org or nbaccadm@hotmail.com

(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:

Cynthia Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 10, 2009

Date

Daytime Phone #

850
292-6630