[redacted]

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 APR 16 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000002210

1. Corporation Name

New Beginnings Ministry Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5003 NW 34th Street	5729 NW 27th Terr.
Suite, Apt. #, etc.: Suite D	Suite, Apt. #, etc.:
City & State: Gainesville Fl.	City & State: Gainesville Fl.
Zip: 32653 Country: Alachua	Zip: 32653 Country: Alachua

4. Date Incorporated or Qualified To Do Business in Florida: 3/13/2003

5. FEI Number: 020578331 — 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: Lennette Reshord

Street Address (P.O. Box Number is Not Acceptable): 5729 NW 27th Terr

APR 17 2013
T. SCOTT

Suite, Apt. #, Etc.: Suite D

City: Gainesville State: FL Zip Code: 32653

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REINSTATEMENT 11-13

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: Lennette Reshard — Date: 3/28/2013
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	Lennette Reshord	5729 NW 27th Terr	Gainesville Fl. 32653
V	Errol W. Reshord	5729 NW 27th Terr	Gainesville Fl. 32653
C	Juliette Adams	6019 NW 26th street	Gainesville Fl. 32653
T	Songo Jones	2509 NW 57th Pl.	Gainesville Fl. 32653
D	Alvin L. Brown	1437 South west Bethlehem Rd	Fort White Fl. 32038
S	LaToya L. Reshord	5729 NW 27th Terr	Gainesville Fl. 32653

10. **E-mail Address:** lennettereshord@crc.ufl.edu
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Lennette Reshard — 3/28/2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #