

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 APR -9 AM 3 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2E081 (11/10)

12-14

DOCUMENT # **104000003467**

1. Corporation Name

**New Beginning Church of Christ, Inc.**

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

**3281 LAKE WORTH ROAD**

Suite, Apt. #, etc.

**F**

City & State

**Palm Springs Florida**

Zip

**33461**

County

**Palm Beach**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**March 31, 2004**

5. FEI Number

**56-2447363**

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

**Mary Roundtree Jacobs**

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

**6175 Wawcords way west**

Suite, Apt. #, Etc.

City

**LAKE WORTH**

State

**FL**

Zip Code

**33463**

**500257699235**

**03/11/14 01023 012 \$297.00**

**500257699235**

**04/09/14--01027--003 \*\*131.75**

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

**Mary Roundtree Jacobs**

REGISTERED AGENT MUST SIGN

Date

**4-3-14**

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
Pastor	Elder Ernest Jacobs	6175 Wawcords way west	LAKE WORTH FL 33463
Asst. Pastor	Elder Willie Taylor	2775 10th Ave North #105	Palm Springs, FL 33461
Treasurer	Sister Louise Potter	1750 NE 2nd Ave	BAYNOR BEH FL 33435
Secretary	Mary Jacobs	6175 Wawcords way west	LAKE WORTH FL 33463
			APR -9 2014 DA WILLIAMS

10. E-mail Address: **Mary Roundtree (at) Att. Net**

(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:

**Ernest Jacobs**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/14**

Date

**561-215-2245**

Daytime Phone #