2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000000004

1. Entity Name
NEW BEGINNING PRAISE CHURCH OF GOD 7TH DAY, INC.

FILED
06 FEB 10 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

Principal Place of Business	Mailing Address
1416 DIXIE HWY. HOLLYWOOD, FL 33020	1416 DIXIE HWY. HOLLYWOOD, FL 33020

02012006 REIN-NP CR2E099 (11/05)

2. Principal Place of Business		3. Mailing Address	
New Beginning Praise Church of God 7th. Day, Inc			
Suite, Apt. #, etc. 1610 S Dixie Highway		Suite, Apt. #, etc. P.O. Box 4038	
City & State Hollywood, FL		City & State Hollywood, FL 33083	
Zip 33020	Country Broward	Zip 33083	Country Broward

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSE, MARTELL 7912 ORLEANS ST. MIRAMAR, FL 33023	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, MARTELL 7912 ORLEANS ST. MIRAMAR, FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100065816[illegible] 02/14/06--01016--004 **122.50 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President Anthony Osbourne 3070 NW 9th. Avenue Wilton Manors, FL 33311 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Director Thelma Rose 7912 Orleans St. Miramar, FL33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/1/06 (754) 244-8561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #