

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05-000003083

1. Corporation Name

New Beginnings Second Chance, Inc.

2. Principal Office Address

1520 N.W. 111 Street

3. Mailing Office Address

1520 N.W. 111 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip
33167

Country
U.S.A.

Zip
33167

Country
U.S.A.

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

February 2005

5. CERTIFICATE OF STATUS DESIRED

20-426-1604

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

Crystal Davis

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

1520 N. W. 111 Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33167

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

Crystal Davis

REGISTERED AGENT MUST SIGN

Date 10-25-2006

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
T	Ronnie L. Lewis	3150 East Donald Lane	Inverness, FL 34453
D	Alecia Knowles	1452 N. W. 111 Street	Miami, FL 33167
T	Vaccella Demeritt	1872 N. W. 71 Street	Miami, FL 33147
P	Crystal Davis	1520 N. W. 111 Street	Miami, FL 33167
T	Carmen Williams	1090 N. W. 56 Street	Miami, FL 33142

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11/01/06--01013--009 **70.00

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Crystal Davis / Crystal Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-06 (305) 685-4470
Daytime Phone #

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New Beginnings Second Chance, Inc.
c/o Crystal Davis
1520 N. W. 111 Street
Miami, FL 33167

October 25, 2006

Dear Sir/Madame:

I am writing to request a Waiver for the above corporation due to the fact that I did not receive the annual report notices for this year. I am enclosing a check in the amount of \$70.00 to cover the fee for a Corporation Reinstatement form and \$8.75 for a Certificate of Status.

I am thanking you in advance for any and all assistance in this matter. For further information please feel free to contact me at (305) 685-4470.

Respectfully,



Crystal Davis
Director

Enclosures: Corporation Reinstatement form
Check