

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 24 AM 8:31

DOCUMENT # N06000000667

1. Corporation Name

NEW BEGINNINGS FAMILY
WORSHIP CENTER INC.

REINSTATEMENT

100152405091

04/24/09--01043--019 **297.50

CR2E081 (12/08)

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

5827 SEABOARD AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5827 SEABOARD AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

Country

32244 USA

City & State

JACKSONVILLE FL

Zip

Country

32244 USA

4. Date Incorporated or Qualified
To Do Business in Florida

01-23-06

5. FEI Number

03-0579242

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

PEARLINE HACKWORTH

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

5827 SEABOARD AVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32244

☐ 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.

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

Pearline Hackworth

REGISTERED AGENT MUST SIGN

Date 04-21-09

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	WILLIAM HACKWORTH	493 Pebble Brook Dr	Jacksonville FL 32224
VP	PEARLINE HACKWORTH	493 Pebble Brook Dr	Jacksonville FL 32244
T	PEDRO RAMDAS	677 Chestwood Chase Dr	Orange Pk FL 32065
M	ROGER HOOVER	1506 Rosenberg Ct	Fleming Pk FL 32003
M	DONALD MARCUS	1536 Windsorville Ct	Jacksonville FL 32225
M	BERNARD TAMARES	404 Country Mill Ln	Jacksonville FL 32222

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:

Pearline Hackworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-21-09 (904) 683-7981
Daytime Phone #