

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO6000004218

1. Corporation Name

New Horizon Outreach
Ministry, Incorporated

700308707717
02/01/18--01007--003 **358.75

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

127 NE 15th ST

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32641

Country

U.S.

3. Mailing Office Address

127 NE 15th ST

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32641

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

Michael E Griffin

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

220 NE 15th ST

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32641

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

Michael E Griffin

REGISTERED AGENT MUST SIGN

Date

2/1/18

2018 FEB - 1 PM 1:35
SECRETARY OF
STATE
TALLAHASSEE, FL
FILED

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
<u>PD</u>	<u>Michael Griffin</u>	<u>220 NE 15th ST</u>	<u>Gainesville FL</u> <u>32641</u>

10. E-mail Address:

(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:

Michael E Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/18

Daytime Phone #