

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 11 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

DOCUMENT # N06000012402

1. Corporation Name

NEW BEGINNINGS ENRICHMENT & DEVELOPMENT CENTER, INC.

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

143 THOMPSON CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

City & State

Zip

32312

Country

Zip

Country

000171925920

03/12/10--01002--010 **131.25

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/2006

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

MARGARET V. FREEMAN

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

143 THOMPSON CIRCLE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

☒ 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 617.0507, F.S.

Signature of
Registered Agent

Margaret V. Freeman
REGISTERED AGENT MUST SIGN

Date 3/11/10

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
PCEO	MARGARET V. FREEMAN	143 THOMPSON CIRCLE	TALLAHASSEE, FL. 32312
T	NICOLE L. FREEMAN	1505 W. THARPE ST. APT. 2112	TALLAHASSEE, FL 32302
D	LLOYD H. FREEMAN	143 THOMPSON CIRCLE	TALLAHASSEE, FL 32302
D	ALLISON BURNS-WILLIAMS	145 BURNS ROAD	MIDWAY, FL 32343
D	MELVIN CRAWFORD	621 DUB ROAD	TALLAHASSEE, FL 32305

10. E-mail Address: MARFRE56@YAHOO.COM

(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., 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.

SIGNATURE:

Margaret V. Freeman
MARGARET V. FREEMAN

03/11/2010 850-245-6947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #