

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 APR 13 AM 10:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **NO7000000783**

1. Corporation Name

**New Beginning Christian
Ministries, INC.**

500229090275

04/13/12--01027--017 **450.00

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

214 N. 40th Street

Suite, Apt. #, etc

3. Mailing Office Address

214 N. 40th Street

Suite, Apt. #, etc

CR2E081 (11/10)

City & State

FORT PIERCE, FL

City & State

FORT PIERCE, FL

Zip

34947

Country

St. Lucie

Zip

34947

Country

St. Lucie

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/07

5. FEI Number

208270793

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

Pastor Willie F. Jones

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

214 N. 40th Street

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34947

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

Willie Jones

Date **04/09/12**

REGISTERED AGENT MUST SIGN

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	Pastor Willie F. Jones	214 N. 40th Street	FORT PIERCE, FL 34947
T	Benjamin Johnson	3706 Shannon Drive	FORT PIERCE, FL 34951
S	Sally M. Jones	214 N. 40th Street	FORT PIERCE, FL 34947
S	Tekisha S. Roberts	1118 Hemlock Circle	FORT PIERCE, FL 34947

10. E-mail Address: **NBCMFB@yahoo.com**

NBCMFB

(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: **Willie Jones Willie F. Jones**

4-9-12

712-971-0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 25 2012