


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000008252		
1. Entity Name NEW BELIEVERS CHRISTIAN FAITH MINISTRIES, INC.		

FILED
08 DEC -3 PM 12:49
TALLAHASSEE, FLORIDA

Principal Place of Business 5435 N.W. 185TH STREET ORANGE LAKE, FL 32681	Mailing Address 5435 N.W. 185TH STREET ORANGE LAKE, FL 32681
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10142008 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent	
SWEET, NATHANIEL SR 5435 N.W. 185TH STREET ORANGE LAKE, FL 32681	

4. FEI Number 65-1318704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Nathaniel C. Sweet, Sr.</u>	DATE <u>10-22-08</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, NATHANIEL C SR	NAME	100138406311
STREET ADDRESS	5435 N.W. 185TH STREET	STREET ADDRESS	12/03/08--01020--001 **61.25
CITY-ST-ZIP	ORANGE LAKE, FL 32681	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, ANNIE M	NAME	
STREET ADDRESS	5435 N.W. 185TH STREET	STREET ADDRESS	
CITY-ST-ZIP	ORANGE LAKE, FL 32681	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, SURWENA E	NAME	
STREET ADDRESS	15871 N.W. GAINESVILLE RD	STREET ADDRESS	
CITY-ST-ZIP	REDDICK, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Nathaniel C. Sweet, Sr.</u>	DATE <u>10-22-08</u> (352) 356-3316
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	