PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 DEC [illegible] 03:10

[redacted]
12/14/17--01008--019 **33.75

900306720759
12/14/17--01008--020 **160.00

CR2E081 (11/10)

DOCUMENT # N11000006036

1. Corporation Name
New Heart Ministries International, Inc.

2. Principal Office Address - No P O Box #	3. Mailing Office Address
11418 DONNA DR.	11418 DONNA DR.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33637 Country: USA	Zip: 33637 Country: USA

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

Certified copy as well for $8.75

7. Name and Address of Current Registered Agent

Name: BARBARA A. Nollie

Street Address (P O Box Number is Not Acceptable): 11418 DONNA DR.

Suite, Apt. #, Etc

City: Tampa | State: FL | Zip Code: 33637

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: Barbara A. Nollie, Rev. Dr. Date: Dec 14, 2017
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/ Rev. DR.	BARBARA A. Nollie	11418 DONNA DR.	Tampa, FL. 33637
SIR. ASST. DIR.	Kandace L. Nollie	4015 Forecast DR.	Brandon, FL. 33511

10. E-mail Address: bnollie4@gmail.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 , 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: Barbara A. Nollie BARBARA A. Nollie 12/14/2017 (804)307-3346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THM