PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FINE REINSTATEMENT	LORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 MAR II AM 9:59
DOCUMENT # N28831 1. Corporation Name New Covenant Christian Munistries, Inc.		SECRETARY OF STATE MENTAL ANALYSEE, FLORIDA
	WI-8331	REINSTATEMENT
2. Principal Office Address - No PO Box # 2311 N. 12th Avenue 2	3. Mailing Office Address 311 N. 12th Avenue	300169567053 02/18/1001015017 **122.50 cr2E081 (11/09)
Surte, Apt. #, etc.	Suite, Apt. #, etc	4. Date Incorporated or Qualified To Do Business in Florida 1
Pensacola, FL	Pensacola, FC	5. FEI Number Applied For Not Applied Applied For Not Applied Applied For Not
Zip	Country Country U.S.	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Cu Name	urrent Registered Agent	
APOSHE Samuel E. Weekes Street Address (P.O. Box Nymber is Not Acceptable) 2311 N.12 Th Avenue Surte, Apt. #, Etc		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
Pensacola	State Zip Code FL 32503	fee be waived. 300169567053 03/11/1001002012 **70.00
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 Date 2/15/10		
9. Names and Street Addresses of Each Officer and/or	r Director (Florida nonprofit corporations must list at lea	east 3 directors)
Titles , Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
T Bryant Pickett	8242 Emperor (Road Punsacola, FL 32514
J Charlie Washington	n 747 Twinkle 9	Freet Pensocola, Fr. 3004
T Kennedy Young	114 Warwick Are	nue Pensacola, FC 32503
T Alison East	4525 Breakwater	· Circle Pensacola, Fl 3284
T Leon Gooden, Jr.	5008 Chandelle E	Fr. Pensacola, Fl 32507
D Henrifer Gooden	5008 Chardelle T	Or Pensacola Fe 32507
10. E-mail Address: hbg 64@ yahoo.com or ligopaln@cex.nd		
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 filling 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 ont. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

New Covenant Christian Ministries, Inc.

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