


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		DOCUMENT # <u>094000000832</u> 1. Corporation Name <u>OUTREACH OF A NEW BEGINNING MINISTRIES, INC.</u>	
Principal Place of Business 		Mailing Address 			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <u>3111 N.W. 5TH STREET</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <u>3111 N.W. 5TH STREET</u> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <u>7/23/93</u>	
City & State <u>FORT LAUDERDALE, FL.</u> Zip <u>33311</u>		City & State <u>FORT LAUDERDALE, FL.</u> Zip <u>33311</u>		5. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
1	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip		
P/C/D	RODNEY WELCH	535 N.W. 33 RD TERRACE	FORT LAUDERDALE, FL, 33311		
V/D/S	PATRICIA CAREY	2800 N.W. 2 ND STREET	POMPANO BEACH, FL, 33069		
T/D	GAIL BUTLER	2841 N.W. 9 TH STREET	POMPANO BEACH, FL, 33069		
D	ANTHONY KENDRICK	5471 N.W. 182 ND STREET	MIAMI, FL, 33168		
D	EMANUEL DEAN	9822 N.W. 22 ND AVE.	MIAMI, FL, 33186		
S	ASHLEY WELCH	5451 N.W. 56 TH COURT	LAUDERHILL, FL, 33313		
8. Name and Address of Current Registered Agent <div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">TS</div>			9. Name and Address of New Registered Agent Name <u>PATRICIA CAREY</u> Street Address (P.O. Box Number is Not Acceptable) <u>2800 N.W. 2ND STREET</u> Suite, Apt. #, Etc. City <u>FORT LAUDERDALE</u> State <u>FL</u> Zip Code <u>33069</u>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>Patricia Carey</u> Date <u>6-1-99</u> REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: <u>Rodney Welch</u> - RODNEY WELCH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>6/1/99</u> (954) 581-7374 Date Daytime Phone #		

CR2001 (12/95)