

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN -3 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NA60000004629**

1. Corporation Name

New Vision Outreach Community Center

1002-14599

2. Principal Office Address

1390 N. Seacrest Blvd

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33435

Country

Palm Beach

3. Mailing Office Address

1390 N Seacrest Blvd

Suite, Apt. #, etc.

City & State

Boynton Bch, FL

Zip

33435

Country

Palm Beach

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/3/1996

5. FEI Number

65-0688444

☒ 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

Sheila Banks

419.25- Adm

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

114 Gardens Dr. #201

61.25- AR

Suite, Apt. #, Etc.

#201

8.75- Cert

City

Pompano Beach

State
FL

Zip Code
33069

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

Sheila Banks

Date **3/2/02**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

00005766267-1

06/13/02-01080-016

******489.25 State ****489.25**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
P	David Banks	7405 Sunnyhills Terrace	Lantana, FL 33462
T	Paul Savage	1303 West Indies Way	Lantana, FL 33462
CS	Jame White Sr.	111 NE 17th Court	Boynton Bch FL 33435
V/ED	Sheila Banks	114 Gardens Dr. #201	Pompano Bch FL 33069
DM	Troy Davis	2671 NE 1st	Boynton Bch, FL 33435
D/m	Andrea Banks Sr.	7182 Hyatt Ave	LANTANA, FL 33462

10. 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:

Sheila Banks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02 561-945-6415
Date Daytime Phone #

CR2E081 (9/00)