## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # N96000004629

1. Corporation Name

NEW VISION OUTREACH COMMUNITY CENTER, INC.

on this application is true and accurate, and my signature shall have the same leg

ED OR PAINTED NAME OF SIGNING OFF

SIGNATURE:

Principal Place of Business

Mailing Address

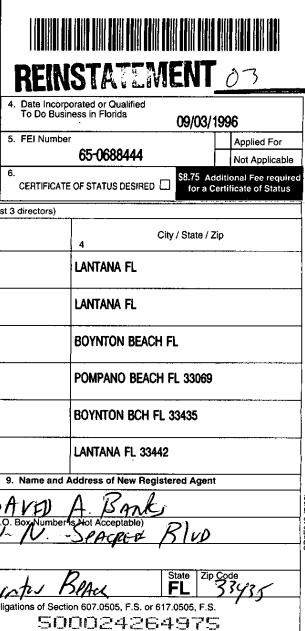
1390 N SEACREST BLVD **BOYNTON BEACH FL 33435**  1390 N SEACREST BLVD **BOYNTON BEACH FL 33435** 

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

FILED

03 OCT 30 AM 9: 24

SECRETARY OF STATE TALLAHASSEF FLORIDA



Suite, Apt.	#, etc.		Suite, Apt. #.	Suite, Apt. #, etc.					, • • , . •		
					•		5. FEI Numbe			Applied For	
City & State City & Sta			City & State	)			65-0688444			Not Applicable	
Zip	Zip Country Zip			Country		у	6. CERTIFICATE	S8.75 Additional Fee requirements of Status DESIRED  for a Certificate of Status			
7. Names	and Street Add	dresses of Each Offic	er and/or Director (Flo	rida nonprot	it corpora	itions must list at lea	st 3 directors)				
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip				
P	BANKS, DAVID A			7405 SUNNYHILL TER				LANTANA FL			
Įτ	SAVAGE, PAUL			1302 W INDIES WAY			LANTANA FL				
SD	WHITE, JAMES JR			111 NE 17TH CT			BOYNTON BEACH FL				
VED	BANKS, SH	114 GARDENS DR #201			POMPANO BEACH FL 33069						
DM	DAVIS, TROY			2671 NE 1ST			BOYNTON BCH FL 33435				
DM	DAVIS, AND	7182 HYATT AVE				LANTANA FL 33442					
8. Name and Address of Current Registered Age					nt 9.			. Name and Address of New Registered Agent			
BANKS, DAVID A 114 GARDENS DR #201 POMPANO BEACH FL 33069				, -:		Street Address (P	Address (P.O. Box Number is Not Acceptable)  350-V-SPACRES BIVD				
						City Ray		SPACL FL	Zip Co	3435	
10. I, being Signature of Registered	of	e registered agent of the	he above named corpor	ENT MUST		th and accept the ob	50	on 607.0505, F.S. or 617.0508 DD242649 D301006014 Date <u>//27/</u>	75	1.75	

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., 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