

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N96000004629**

1. Corporation Name

**NEW VISION OUTREACH COMMUNITY CENTER, INC.**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/03/1996

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BANKS, DAVID A	7405 SUNNYHILL TER	LANTANA FL
T	SAVAGE, PAUL	1302 W INDIES WAY	LANTANA FL
SD	WHITE, JAMES JR	111 NE 17TH CT	BOYNTON BEACH FL
VED	BANKS, SHEILA	114 GARDENS DR #201	POMPANO BEACH FL 33069
DM	DAVIS, TROY	2671 NE 1ST	BOYNTON BCH FL 33435
DM	DAVIS, ANDREA SR	7182 HYATT AVE	LANTANA FL 33442

8. Name and Address of Current Registered Agent

BANKS, DAVID A  
114 GARDENS DR #201  
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

DAVID A. Banks

1390 N. Seacrest Blvd

Boynton Beach

FL

33435

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. or 617.0505, F.S.

Signature of  
Registered Agent

*David A. Banks*

REGISTERED AGENT MUST SIGN

500024264975  
10/30/03--01006--014 \*\*241.75

Date

10/27/03

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*David A. Banks*

DAVID A. Banks  
President

10/27/03

954-784-9528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)