PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000005657 DOCUMENT #

1. Corporation Name

NEW BEGINNING CHURCH OF GOD IN CHRIST OF MIAMI. FLORIDA, INC.

Principal Place of Business

4932 NW 181 STREET MIAMI FL 33055

Mailing Address

4902 NW 191 STREET MIAMI FL 33055

If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New M: Suite, Apt. #, etc. Suite, Apt.			ting Office Address, if Applicable		Date Incorporated or Qualified To Do Business in Florida		11/04/1996	
		City & State			5. FEI Number 65047502			ied For Applicable
Zip	Country	Zip	Country	y	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional F	
	and Street Addresses of Each Officer Name of Officers	•	Str	eet Address of Ea	ich			
Title(s) 1 DP	2		Officer and/or Directo 3 (be NOT Use Post Office Box 4932 NW 191 STREET		(or k Numbers)	City / State / Zip MIAMI FL 33055		
DS	PICKNEY, JENNIFER		17120 NW 17 C	l.		MIAMI FL		
DT	ROBINSON, HELEN		2245 NW 101 S	т.	***** B. 11**	MIAMI FL 33147	mile Brain spirite kinde sonde	
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				Pri.	TESTY	ELFELME	(A))	54.
7	8. Name and Address of Curr	ent Registered Age	 ent		9. Name and A	Address of New Regis	Ar UUU ered Agent	11.
SMITH, DONALD SR. 4932 NW 191 STREET MIAMI FL 33055				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apl. #, Etc.				
10 being	g appointed the registered agent of the	oution am familiar wi	City		on 607 0505 F.S	State Zip Code		
Signature o Registered	0.1. /	I NI MUST SIGN	ar tally discount into	os gameno or coolin	Date _			
	nis corporation owes or tangible Personal Prop			ar Yes [No 🗆		ner side for information n intangible tax.)	n

12. Learlify that Lam 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 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 eath.

SIGNATURE:

onald Smith, S. 12/11/97 305-621-8775

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SECHETARY OF STATE TALLAHASSEE, FLOREY