

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N97000000107**

1. Corporation Name

NEW BEGINNINGS OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

2398 NW 119 STREET
MIAMI FL 33168
US

2398 NW 119 STREET
MIAMI FL 33168
US

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

01/08/1997

5. FEI Number

31-1476062

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
D	TAYLOR, REV JOHN	2398 NW 119 STREET	MIAMI FL 33168
D	TAYLOR, MYRA	2398 NW 119 STREET	MIAMI FL 33168
D	SMITH, ELVIRA	2398 NW 119 STREET	MIAMI FL 33168
			100005754301--8 -06/11/02--01095--022 *****52.50 *****52.50
			100005754301--8 -06/11/02--01095--023 *****245.00 *****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gross, Oliver
2398 NW 119 St.
Miami, FL 33168

Name
Rev. John Taylor
Street Address (P.O. Box Number is Not Acceptable)
2398 NW 119 St.
Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

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

Rev. John H. Taylor

REGISTERED AGENT MUST SIGN

Date

12/17/01

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:

Rev. John H. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/17/01

Daytime Phone #

305-681-1119

CR2E040 (8/01)