

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 AUG 14 AM 10: 20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N97000003237 (1)

**1. Corporation Name**

New Beginnings Community Development  
Center, Inc.

**2. Principal Office Address**

2400 Avenue "H"  
Riviera Beach, FL 33404

Suite, Apt. #, etc.

N/A

City & State

Riviera Beach, FL

Zip

Country

33404

U.S.

**3. Mailing Office Address**

P.O. Box 11137  
Riviera Beach, FL 33419

Suite, Apt. #, etc.

N/A

City & State

Riviera Beach, FL

Zip

Country

33419

U.S.

**REINSTATEMENT 98-00**

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

6/2/1997

**5. FEI Number**

65-0764595

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

Diane Lewis

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

450 W. 37<sup>th</sup> Street

Suite, Apt. #, Etc.

Park Manor

City

Riviera Beach

State

FL

Zip Code

33404

**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

Diane Lewis

Date 7/17/00

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	Helen Kennedy	2836 S.W. 3 <sup>rd</sup> Street	FT. Lauderdale, FL 33312
V.	Patty Mandigo	108 LAKE Arbor Drive	Palm Springs, FL 33461
D.	Diane Lewis	450 W. 37 <sup>th</sup> Street	Riviera Beach, FL 33404
T.	Travell Northern	500 N. Congress Ave #132	W. P. B., FL 33401
T.	Wilma Roy	6570 High Ridge Road	W. P. B. FL 33462
T.	Norbert S. Marcelle JR	1600 39 <sup>th</sup> Street	W. P. B. FL 33407

**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:

Diane Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/2000

Date

561-882-4432

Daytime Phone #