

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 JAN 29 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N97000004902**

1. Corporation Name

**New Harvest Ministries of Central Florida INC.**

**W01-3609**

2. Principal Office Address

**6284 SW 8th Place, Suite #9, Gainesville, FL**

Suite, Apt. #, etc.

City & State

**Gainesville, Florida**

Zip

**32607**

Country

**ALACHUA**

3. Mailing Office Address

**New Harvest 125 NE 23rd AVE**

Suite, Apt. #, etc.

**#9**

City & State

**Gainesville FL**

Zip

**32609**

Country

**ALACHUA**

**REINSTATEMENT**

**01-2801**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8-26-97**

5. FEI Number

**59-3466022**

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

**Grant D. Smith**

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

**125 NE 23rd AVE "Church Site"**

Suite, Apt. #, Etc.

**#9**

City

**Gainesville**

State

**FL**

Zip Code

**32609**

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

**Grant D. Smith**

REGISTERED AGENT MUST SIGN

Date **12-26-00**

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

| Titles                          | Name of<br>Officers and/or Directors             | Street Address of Each<br>Officer and/or Director | City / State / Zip           |
|---------------------------------|--|---|------------------------------|
| <b>Pres</b>                     | <b>Grant D. Smith</b>                            | <b>6284 SW 8th Pl</b>                             | <b>Gainesville, FL 32607</b> |
| <b>Vice Pres</b>                | <b>Mildred Smith</b>                             | <b>6284 SW 8th Pl</b>                             | <b>Gainesville, FL 32607</b> |
| <b>Secretary</b>                | <b>Karen Johnson</b><br>Dir. of Business Affairs | <b>730 SE 8th St</b>                              | <b>Gainesville, FL 32601</b> |
| <b>Dir. of Bus. Affairs</b>     | <b>Brenda Broxton</b>                            | <b>1523 NW 7th St</b>                             | <b>Gainesville, FL 32601</b> |
| <b>Dir. of</b>                  | <b>Linda Akpu</b>                                | <b>P.O. Box 359 C</b>                             | <b>Gainesville, FL 32602</b> |
| <b>Out Reach<br/>Ministries</b> |  |   |                              |

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.

**KE**

SIGNATURE: **Grant D. Smith** **Grant D. Smith**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12-26-00**

Daytime Phone #

**(352) 367-4028**