

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005737

1. Corporation Name
NEW BEGINNINGS PENTECOSTAL CHURCH OF
GOD, INC.

2. Principal Office Address - No P.O. Box #

101 CYPRESS ST

Suite, Apt. #, etc.

3. Mailing Office Address

645 S DELMONTE CT

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34744

Country

U.S.A.

City & State

KISSIMMEE, FL

Zip

34758

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

KEDERICK Bibby

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

645 S DELMONTE CT

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34758

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

Kederick Bibby

REGISTERED AGENT MUST SIGN

Date *12/21/09*

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	KEDERICK Bibby	645 S DELMONTE CT KISSIMMEE, FL 34758	
V	DORNALD ROACH	2411 LINCOLNSHIRE CT KISSIMMEE, FL 34743	
S	HYACINTH McElroy	623 REINDEER DR KISSIMMEE, FL 34759	
T	ALFRED SAMUELS	164 JALAPA DR KISSIMMEE, FL 34743	
C	NAOMI Hinds	4556 BARBADOS LOOP CLEARMONT, FL 34771 12/28	

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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: *Kederick Bibby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/09 (407) 873-5254
Date Daytime Phone #

FILED

09 DEC 28 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100163993381

12/28/09--01061--001 **267.50

REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida

10-2-98

5. FEI Number

59-3538870

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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12/28/09--01061--002 **100.00