

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N98000006289*

1. Corporation Name

*NEW BEGINNING FAITH MINISTRIES,
INCORPORATED*

2. Principal Office Address

7629 N 56th Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33617

Country

USA

3. Mailing Office Address

8420 Laurelton PL.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33637

Country

U.S.A.

000009100750

11/20/02--01031--001 **61.25

4. Date Incorporated or Qualified
To Do Business in Florida

Nov 4, 1998

5. FEI Number

59-3539134

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

Tawanna Morris

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

13706 LAZY OAK Dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33613

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

Tawanna Morris

REGISTERED AGENT MUST SIGN

Date *Nov 6, 2002*

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
<i>D</i>	<i>ROBERTSON, Marvin C.</i>	<i>8420 Laurelton Place</i>	<i>Tampa, FL 33637</i>
<i>D</i>	<i>Vance Detra</i>	<i>13214 PRESTWICK</i>	<i>Riverview, FL 33569</i>
<i>D</i>	<i>ARMWOOD, Daisy</i>	<i>4817 OKARA RD.</i>	<i>Tampa, FL 33617</i>
<i>D</i>	<i>Bowler, Sheryl</i>	<i>3029 RIPLEWOOD Dr.</i>	<i>SEFFNER, FL 33584</i>
<i>D</i>	<i>Graham, Allen</i>	<i>3902 Napa Place</i>	<i>Valrico, FL 33594</i>

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

Allen Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 6, 02 (513) 653-1656

Daytime Phone #

CR2E081 (9/01)

NEW BEGINNING FAITH MINISTRIES, INC.
7629 NORTH 56TH STREET
TAMPA, FLORIDA 33617

November 9, 2002

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: Reinstatement of New Beginning Faith Ministries, INC.

To Whom It May Concern:

New Beginning Faith Ministries Incorporated is requesting reinstatement
because of non-receipt of **Uniform Business Report Form**.

Thanks for your corporation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Allen Graham", written in dark ink.

Allen Graham

Director

(813) 653-1656