

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108044

1. Corporation Name

NEW PERSPECTIVE CENTER, INC.

Principal Place of Business

Mailing Address

744 NE 162 STREET
MIAMI, FL 33162

744 NE 162 STREET
MIAMI, FL 33162



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

15251 N.E. 18th AVE

15251 N.E. 18th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #9

Suite #9

City & State

City & State

NORTH MIAMI BEACH, FL

N.M.B. FL

Zip

Country

Zip

Country

33162

DADE

33162

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/2001

5. FEI Number

65-1154590

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/V/D	Eddy Blain	744 N.E. 162 St	N.M.B. FL 33162

800008977048
11/14/02--01005--007 **158.75

8. Name and Address of Current Registered Agent

BLAIN, EDDY
744 NE 162 STREET
MIAMI, FL 33162

9. Name and Address of New Registered Agent

Name

Eddy Blain

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

744 N.E. 162 St N.M.B.

Suite, Apt. #, Etc.

110 N.M.B. FL 33162

City

State
FL

Zip Code
33162

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-06-02

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:

SIGNATURE REQUIRED
Eddy Blain

11-06-02

Date

Daytime Phone #

CR2E040 (8/02)



New Perspective Center Inc.

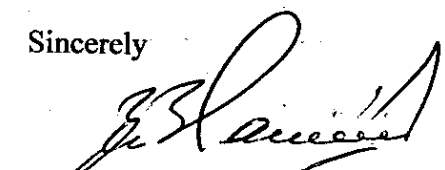
November 06 2002

DIVISION OF CORPORATIONS

Reinstatement Section.

As P/ V/ D of New Perspective Center Inc, I take the opportunity to
Let you know that through all my correspondence I have never read or either received the
Annual Report Forms mentionnated.
Please Proceed Reinstatement with the enclosed Application and money order of \$158.75

Sincerely



EDDY BLAIN, CEO
New Perspective Center