

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC - 1 AM 11:08

DOCUMENT # **P930000035139**

1. Corporation Name

NEW ENGLAND HOLDINGS, INC.

REINSTATEMENT 09-10

000187706360
11/12/10--01053--007 **758.75

CR2E081 (6/10)

cc 12/8

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

5141 Nash Trail

Suite, Apt. #, etc.

3. Mailing Office Address

5141 Nash Trail

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

Zip

33463

Country

USA

City & State

Lake Worth, Florida

Zip

33463

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1993

5. FEI Number

65-0409637

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

000187706360
12/08/10--01009--004 **141.25

000187706360
12/08/10--01009--005 **8.75

7. Name and Address of Current Registered Agent

Name

Aaron Pope

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

5141 Nash Trail

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33463

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11-9-2010**

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
Pres	Aaron Pope	5141 Nash Trail	Lake Worth, Fl. 33463
V-Pres	Frances Pope	5141 Nash Trail	Lake Worth, Fl. 33463

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10. E-mail Address: **x**

(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: **x**

[Signature]

AARON POPE

11/9/10

561-346-3658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #