


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P980000091682			
1. Corporation Name New Neighbor, Inc.			
2. Principal Office Address 334 East Lake Road		3. Mailing Office Address 334 East Lake Road	
Suite, Apt. #, etc. Number 220		Suite, Apt. #, etc. Number 220	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34685	Country USA	Zip 34685	Country USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida 10/27/98	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. FEI Number 59-3538642		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Brenda K. Farguharson	
Street Address (P.O. Box Number is Not Acceptable) 360 Forest Park Road	600004587256-5
Suite, Apt. #, Etc.	-09/13/01--01052--04
	***1086.00 ***1086.00
City Oldsmar	State Zip Code FL 34697

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: **Brenda K. Farguharson** Date: **05/04/01**

REGISTERED AGENT MUST SIGN

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
VP	Brenda K. Farguharson	334 East Lake Rd., Number 220	Palm Harbor, FL 34685
VP	Norman D. Farguharson	334 East Lake Rd., Number 220	Palm Harbor, FL 34685

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: **Brenda K. Farguharson** **Brenda K. Farguharson** (727) 741-8532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)