

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *N 45975*

1. Corporation Name

*New Beginnings of SoFL Florida, A Foundation
of Hope, Inc.*

99 APR -7 PM 12:12

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

*1400 E. Oakland Pk Blvd
Suite 210
Ft. Lauderdale, FL 33334*

Mailing Address

*350 City View Dr.
Fort Laud, FL.
33311*

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correct information.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date this corporation or Qualified
To Do Business in Florida

11/13/91

5. FEI Number

65-0299843

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)	Name of Officers and/or Directors
1	2
<i>Pres</i>	<i>Alexis C. Brimberry</i>
<i>V. Pres</i>	<i>Susan Cleveland</i>
<i>Sec.</i>	<i>Shari Pruitt</i>
<i>Dir.</i>	<i>Douglas R. Carson</i>

3. Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

*300 City View Dr.
350 City View Dr.
120 Island Dr.
3000 Seneise Lake Dr
#424*

*Ft. Lauderdale, FL 33311
Ft. Lauderdale, FL 33311
Andersenville, TN 37705
Seneise, FL 33322*

8. Name and Address of Current Registered Agent

*John Cleveland
3831 NW 102 Ave
Coral Springs, FL 33065*

9. Name and Address of New Registered Agent

*Alexis C. Brimberry
300 City View Dr.
Ft. Lauderdale, FL 33311*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(6), F.S.

Signature of
Registered Agent

Alexis C. Brimberry
REGISTERED AGENT MUST SIGN

Date

4-2-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexis C. Brimberry

4-2-99 (951) 566-6569
Date Daytime Phone #