

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 25 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760056

1. Corporation Name
Lord of Life Church of God of
Winter Springs, Inc.

REINSTATEMENT 04-09

500156333035
05/25/09--01001--007 **542.50

CR2E081 (12/08)

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

395 Tuskawilla Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

395 Tuskawilla Rd.

Suite, Apt. #, etc.

City & State

Winter Springs FL

City & State

Winter Springs FL

Zip

32708

Country

USA

Zip

32708

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1981

5. FEI Number

59-2159754

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

Robert L. Kimberling

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

1044 Chatham Pines Circle

Suite, Apt. #, Etc.

102

City

Winter Springs

State

FL

Zip Code

32708

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Robert L. Kimberling
REGISTERED AGENT MUST SIGN

Date 5/17/09

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
P/D	Robert L. Kimberling	1044 Chatham Pines Circle APT 102	Winter Springs FL 32708
T/D	Rose B. Stella	1604 Fox Glen Ct	Winter Springs FL 32708
T/D	Thomas McElroy	1436 Carrington Ct	Winter Springs FL 32708
T/D	Jerry Brown	229 Antler Ct.	Casselberry FL 32707

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 contained in Chapter 119, 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:

Rose B. Stella
Rose B. Stella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/09
Date

407-365-6367
Daytime Phone #

205/26