

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT - 6 AM 9:54

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M33354

1. Corporation Name
NEW LIFE INVESTMENTS INC.

2. Principal Office Address - No P.O. Box #
9130 S DADELAND BLVD

3. Mailing Office Address
9130 S DADELAND BLVD

Suite, Apt. #, etc.
1607

City & State
Miami, FL

Zip Country
33156 Miami-Dade

000161387370
10/06/09--01025--012 **1543.75
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida
06/09/1986

5. FEI Number
592693937

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
FREDERICK B. GOMER

Street Address (P.O. Box Number is Not Acceptable)
3301 NW 97 TERRACE

Suite, Apt. #, Etc.

City State Zip Code
Sunrise FL 33351

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 Date 10-5-09
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
P	Arthur Schlecht	9130 S DADELAND BLVD, # 1607	Miami, FL 33156
	KS		
	REINSTATEMENT 04-09		

10. I certify that I am an officer or director of 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: Date 10-5-09 Daytime Phone # 786-888-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR