

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -8 PM 12:01

DOCUMENT # *NOT 000007440*
1. Corporation Name *Restoration Life Ministries Inc.*

REINSTATEMENT *02-03*

2. Principal Office Address
6734 N.W. 188th Ave.
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Miami Fla.
Zip
33015
Country
USA

City & State
Florida
Zip
33015
Country
USA

200023177982
*09/18/03--01073--014 **297.50*

4. Date Incorporated or Qualified
To Do Business in Florida *10/18/02*

5. FEI Number
☒ 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 *KEVIN Lee*
Street Address (P.O. Box Number is Not Acceptable)
6734 N.W. 188th Ave.
Suite, Apt. #, Etc.
City
Miami

State
FL
Zip Code
33015

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 *Kevin Lee*
REGISTERED AGENT MUST SIGN

Date *8/03/03*

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
<i>President</i>	<i>KEVIN Lee</i>	<i>6734 N.W. 188th Ave</i>	<i>Miami FL 33015</i>
<i>Secretary</i>	<i>Mrs. Charlotte Mitchell</i>	<i>2241 N.W. 192nd Terrace</i>	<i>Miami Fla 33015</i>
<i>Treasurer</i>	<i>Mrs. Sheila Williams</i>	<i>6734 N.W. 188th Ave.</i>	<i>Miami Fla 33015</i>

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: *Kevin Lee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/03 (305) 621-8089
Date Daytime Phone #

CR2E081 (10/02)