

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 JUL 10 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100132668371  
07/10/08--01040--008 \*\*1286.25

CR2E081 (12/07)

**DOCUMENT #** N30846

**1. Corporation Name**

New Life Recovery Project Inc.

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

413 Fifth Ave.

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

Zip

32118

Country

USA

**3. Mailing Office Address**

P.O. Box 171

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

Zip

32115

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/23/1989

**5. FEI Number**

592941032

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

Beloff, James

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

413 Fifth Ave.

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

☐ 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

*James Beloff*

REGISTERED AGENT MUST SIGN

Date 07/08/2008

**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	LeGodais, Gene	2900 S. Peninsula Dr.	Daytona Beach / FL / 32118
V/T/D	LeGodais, Julie	2900 S. Peninsula Dr.	Daytona Beach / FL / 32118
S/D	Whiton, Chad	308 Loomis Ave.	Daytona Beach / FL / 32114
D	Whiton, Chris	629 S. Ridgewood Ave.	Daytona Beach / FL / 32114

**REINSTATEMENT**

1991-2008

**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:**

*Gene LeGodais*

Gene LeGodais

07/08/2008

386-253-7926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #