PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34310

1. Corporation Name

New Life Assembly of God of Trilby, Inc.

2. Principal Office Address	**3.** Mailing Office Address
38012 S.R. 575 (Trilby Road)	P. O. Box 35
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Trilby, Florida	City & State: Trilby, Florida
Zip: 33593 Country: Pasco	Zip: 33593 Country: Pasco

REINSTATEMENT 95-00

4. Date Incorporated or Qualified To Do Business in Florida: September 25, 1989

5. FEI Number: 59-2238202 ☐ 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: William F. Brewton

Street Address (P.O. Box Number is Not Acceptable): 38038 Meridian Avenue

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Suite, Apt. #, Etc.

City: Dade City | State: FL | Zip Code: 33525

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: X William F. Brewton
REGISTERED AGENT MUST SIGN

Date: August 13, 2000

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	David C. Raley	6061 Knollwood Drive	Ridge Manor, FL 33523
VP/D	William F. Brewton	38038 Meridian Avenue	Dade City, FL 33525
S/T	Susan Meinhardt	39048 Cardinal Avenue	Zephyrhills, FL 33540
Dir	Allen Giella	6925 CR 665	Bushnell, FL 33513
			LS

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: X David C. Raley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 13, 2000
Date