

**2025 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N01000007440

**Entity Name:** RESTORATION LIFE EMPOWERMENT CENTER INC.

**Current Principal Place of Business:**

20807 NW 9TH COURT  
APT. 101  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

20807 NW 9TH COURT  
APT. 101  
MIAMI GARDENS, FL 33169 US

**FEI Number:** 14-1695594

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LEE, KEVIN  
20807 NW 9TH COURT  
APT. 101  
MIAMI GARDENS, FL 33169 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** KEVINLEE

10/02/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEE, KEVIN  
Address        20807 NW 9TH COURT  
                  APT. 101  
City-State-Zip: MIAMI GARDENS FL 33169

Title            SECRETARY  
Name            OUTLER, GAIL  
Address        266 NE 142ND STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title            DEACON  
Name            MITCHELL, BERNARD  
Address        16311 E BUNCHE PARK DRIVE  
City-State-Zip: MIAMI GARDENS FL 33054

Title            TREASURER  
Name            MOSS, , ELISHA JR.  
Address        5014 SW 23RD STREET  
City-State-Zip: WEST PARK FL 33023

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEVIN LEE

PRESIDENT

10/02/2025

Electronic Signature of Signing Officer/Director Detail

Date