CORPORATION REINSTATEMENT 2013-2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703949

1. Corporation Name

LIFE LINE CENTER (CHRIST IN THE HOME, INC.)

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5846 Danterbury Ct	Life Line Center
Suite, Apt. #, etc.	Suite, Apt. #, etc.
LAKELAND, Florida	P.O. Box 90782
City & State	City & State
	Lakeland, Florida
Zip: 33810 Country: USA	Zip: 33804 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: April 26, 1962

5. FEI Number: 65-0089457 ✓ 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: GALLOWAY, Mildred L

Street Address (P.O. Box Number is Not Acceptable): 5846 Danterbury Court

Suite, Apt. #, Etc.:

City: Lakeland, Florida State: FL Zip Code: 33810

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06/16/14--01044--011 **245.00

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: Mildred L Galloway Date: June 10, 2014
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
PD	GALLOWAY, Mildred L	5846 Danterbury Ct.	Lakeland, Fl 33810
SD	Jones, Laura L	5846 Danterbury Ct.	Lakeland, Fl 33810
TD	Goff, Barbara A	5846 Danterbury Ct.	Lakeland, Fl 33810

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07/08/14--01002--009 **61.25

10. E-mail Address: Lifelinecenter@tampabay.rr.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Mildred L Galloway Mildred L. GALLOWAY 6-10-14 863-608-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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