

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 NOV 26 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 738002

1. Corporation Name

NEW LIFE ASSEMBLY OF GOD, INC., OF CLEARWATER, FLORIDA

Principal Place of Business

Mailing Address

5656 150TH AVENUE NORTH  
CLEARWATER FL 33760

5656 150TH AVENUE NORTH  
CLEARWATER FL 33760



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/04/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1874901

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GRIFFIN, RONALD	7200 13TH AVE. N.	ST. PETERSBURG FL 33710
TD	<del>DEBORAH LYNN R</del> Wilson, Sharon	<del>15777 BOLESTA RD., LOT 2</del> 5857 157 Ave N	<del>CLEARWATER FL 33760</del> Clearwater FL 33760
SD	LYNN, ERIC E	15777 BELESTA RD LOT 2	CLEARWATER FL 33760
D	LAPIERE, WILLIAM	7001 142TH AVE. N.	CLEARWATER FL 33771
D	LEBELL, YVON	512 7TH AVE N.E.	LARGO FL 33770 ILS
D	PARSONS, PAUL	1873 BALBOA	CLEARWATER FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIFFIN, RON  
7200 13TH AVE. N.  
ST. PETERSBURG FL 33710

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Ronald Griffin*

REGISTERED AGENT MUST SIGN

Date

11-07-01

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., 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. 300004721463--7

-12/12/01--01085--026

\*\*\*236.25 \*\*\*236.25

SIGNATURE:

*Yvon Lebell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-01

CR2E040 (8/01)