

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752133

1. Corporation Name

NEW LIFE ASSEMBLY OF GOD OF SOUTH WINTER HAVEN,
INC.

Principal Place of Business

1951 RIFLE RANGE RD.
WINTER HAVEN FL 33880

Mailing Address

1951 RIFLE RANGE RD.
WINTER HAVEN FL 33880

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1980

5. FEI Number

59-2071291

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Green, Kenneth R.	580 Heather Court	Bartow, FL 33830
D	Brooks, Chester	116 11th St. W	Winter Haven, FL 33880
D	Whitehead, Kenneth	807 Tuscani Way	Winter Haven, FL 33880
S	Birchett, Iva Nell	32 Fox Lake Rd. S.	Winter Haven, FL 33880
T	Farrer, Diane	4005 1/2 Gandy Road	Bartow, FL 33830
Chairman Pastor	James Farrer	1951 Rifle Range Rd	Winter Haven, FL 33880

8. Name and Address of Current Registered Agent

FARRER, JAMES
1951 RIFLE RANGE RD.
BARTOW FL 33880

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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

REGISTERED AGENT MUST SIGN

Date 11-11-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒ NA

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-97 941-533-4414
Date Daytime Phone #