PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
00 DEC -8 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752133

1. Corporation Name

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

Principal Place of Business	Mailing Address
1951 RIFLE RANGE RD. WINTER HAVEN FL 33880	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)

500003529335--1
-01/09/01--01041--001
****236.25 ****236.25

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
D	GREEN, KENNETH R	580 HEATHER COURT	BARTOW FL 33830
D	BROOKS, CHESTER	116 11TH STREET W.	WINTER HAVEN FL 33880
D	WHITEHEAD, KENNETH	807 TUSCANI WAY	WINTER HAVEN FL 33880
S	BIRCHEAT, IVA NELL	32 FOX LAKE RD. S.	WINTER HAVEN FL 33880
T	FARRER, DIANE	4005 1/2 GANDY ROAD	BARTOW FL 33830
CP	FARRER, JAMES	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)

City | State: FL | Zip Code

REINSTATEMENT

CR2E040 (8/00)

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: James L Farrer — Date: 12/6/00
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: James L Farrer — 12/6/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #