

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759269

1. Corporation Name
New Life Fellowship
Assemblies of God Church, Incorporated

2. Principal Office Address
8450 Hwy 97
Suite, Apt. #, etc.

3. Mailing Office Address
8450 Hwy 97
Suite, Apt. #, etc.

City & State
Walnut Hill, FL
Zip 32568 Country USA

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Walnut Hill, FL
Zip 32568 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida 5/17/1979

5. FBI Number UB 59-2241293
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 Ervin Thortis
Street Address (P.O. Box Number is Not Acceptable)
3241 N. Pine Barren Rd.
Suite, Apt. #, Etc.
City McDavid

REINSTATEMENT 04-06
3/2/06
State FL Zip Code 32568

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 Ervin Thortis
REGISTERED AGENT MUST SIGN Date 2-16-06

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
S	Carolyn Thortis	3241 N Pine Barren Rd	McDavid, FL 32568
T	Betty Hare	6350 Arthur Brown Rd	Walnut Hill FL 32568
D	Anthony Lamb	P.O. Box 693	Annure, AL 36504
D	Kavanah Hare	6350 Arthur Brown Rd.	Walnut Hill, FL 32568
D	Ervin Thortis	3241 N. Pine Barren Rd	McDavid, FL 32568

10. 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 contained in Chapter 119, 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: Betty Hare Betty Hare
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 02/16/06 Daytime Phone # 850-321-4036

FILED
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