

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT - 6 AM 9:54

DOCUMENT #

M33354

1. Corporation Name

NEW LIFE INVESTMENTS INC.

2. Principal Office Address - No P.O. Box #

9130 S DADELAND BLVD

3. Mailing Office Address

9130 S DADELAND BLVD

Suite, Apt. #, etc.

1607

Suite, Apt. #, etc.

1607

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

Miami-Dade

Zip

33156

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1986

5. FEI Number
592693937

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

FREDERICK B. GOMER

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

3301 NW 97 TERRACE

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10-5-09

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
P	Arthur Schlecht	9130 S DADELAND BLVD, # 1607	Miami, FL 33156
	KS		

REINSTATEMENT 04-09

10. I certify that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-5-09

Daytime Phone #

786-888-4613