

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 21 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N00000000890

1. Corporation Name

RENEWED LIFE MINISTRIES SOUTH FLORIDA, Inc

2. Principal Office Address

2575 LONE PINE RD

Suite, Apt. #, etc.

City & State

PAUM BEACH GARDENS, FL

Zip
33410

Country

USA

3. Mailing Office Address

PO BOX 31149

Suite, Apt. #, etc.

City & State

PAUM BEACH GARDENS, FL

Zip

33420-1149

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-7-2000

5. FEI Number

52-2216131

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

J P Simms, III

500004749805

01/04/02-01/08-007

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

2575 LONE PINE RD

***245.00 ***25.00

Suite, Apt. #, Etc.

City

PAUM BEACH GARDENS

State

FL

Zip Code

33410

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

J P Simms, III

Date

12-19-01

REGISTERED AGENT MUST SIGN

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/D	KEITH THOMAS	1101 S FLAGLER DR	WEST PALM BEACH, FL 33401
V/D	FRED SHIPMAN	365 JOG RD	WEST PALM BEACH, FL 33415
S/T/D	J P Simms, III	2575 LONE PINE RD	PAUM BEACH GARDENS, FL 33410
D	Jim Way	6285 45TH ST	VERO BEACH, FL 32967
D	HARRY GORDON	1903 AVE I	FT PIERCE, FL 34950
D	Tom Mullins	5343 NORTHLAKE BLVD	PAUM BEACH GARDENS, FL 33418

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 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:

J P Simms, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-01

Date

561-622-8330

Daytime Phone #

CR20081 (9/00)