

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N00000002422**

1. Corporation Name

NEW LIFE LUTHERAN CHURCH, LUTHERAN CHURCH - MISSOURI SYNOD, INC.

Principal Place of Business

Mailing Address

P O BOX 823111
PEMBROKE PINES FL 33082

P O BOX 823111
PEMBROKE PINES FL 33082

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

04/12/2000

5. FEI Number

65-0999151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 19 AM 10:20

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	4 City / State / Zip
PD	WALTERS, HOWARD	1392 SW 181ST AVE	PEMBROKE PINES FL 33029
VD	THOMPSON, TODD	1331 NW 154TH AVE	PEMBROKE PINES FL 33028
SD TD	SOOS, CINDY MICHAEL O'BRIEN	1350 NW 107TH AVE 945 NW 19TH Avenue	PEMBROKE PINES FL 33029 PEMBROKE PINES, FL 33029
TD D	TURBERT, DEBRA SANDRA WALTERS	19146 SW 5TH ST 682 NW 173RD TERRACE	PEMBROKE PINES FL 33029 PEMBROKE PINES, FL 33029
D	HASSELBRING, PAUL	1920 SABAL PALM DR #102	FT LAUDERDALE FL 33324

8. Name and Address of Current Registered Agent

HASSELBRING, PAUL REV
1920 SABAL PALM DR, #102
FT LAUDERDALE FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200004705742--5

-12/05/01--01037--003

****236.25 FL ****236.25

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

Paul Hasselbring

REGISTERED AGENT MUST SIGN

Date

10/17/01

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:

Paul Hasselbring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/01

Daytime Phone #

954-477-4353

CR20040 (8/01)