

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000002422

1. Corporation Name

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

Principal Place of Business

P O BOX 823111
PEMBROKE PINES FL 33082

Mailing Address

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

4. Date Incorporated or Qualified To Do Business in Florida

04/12/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0999151

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City and State 4
PD	WALTERS, HOWARD	1392 SW 181ST AVE	PEMBROKE PINES FL 33029
VD	THOMPSON, TODD Weitzel, Scott	1391 NW 154TH AVE 332 S.W. 194 th Ave	PEMBROKE PINES FL 33028 Pembroke Pines, FL 33029
DT	O'BRIEN, MICHAEL Brommel, Pat	045 NW 197TH AVENUE 150 S.W. 168 th Street	PEMBROKE PINES FL 33029 Pembroke Pines, FL 33029
D	WALTERS, SANDRA	682 NW 173RD TERRACE	PEMBROKE PINES FL 33029
DS	HASSELBRING, PAUL Thompson, Isis	1920 SABAL PALM DR #102 18990 N.W. 10 th Terrace	FT LAUDERDALE FL 33324 Pembroke Pines, FL 33029

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 Howard Walters
Street Address (P.O. Box Number is Not Acceptable)
1392 S.W. 181 Ave
Suite, Apt. #, Etc.
City Pembroke Pines State FL Zip Code 33029

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

1/11/03

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:

SIGNATURE REQUIRED
Howard Walters, President

Date

1/11/03

Daytime Phone #

954-824-7914