

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -7 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003872

1. Corporation Name

ZION LIFE MINISTRIES

300061220453
11/07/05--01066--001 **358.75

2. Principal Office Address

1350 VICKERS LAKE

Suite, Apt. #, etc.

City & State

OCFEE, FLORIDA

Zip

34761

Country

U.S.A

3. Mailing Office Address

1350 VICKERS LAKE DRIVE

Suite, Apt. #, etc.

City & State

OCFEE, FLORIDA

Zip

34

Country

U.S.A

REINSTATEMENT CR2E081 (8/05) 63-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Jerry Gireley

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

1350 VICKERS LAKE DRIVE

Suite, Apt. #, Etc.

City

OCFEE

State

FL

Zip Code

34761

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 11/2/05

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	Jerry Gireley	1350 VICKERS LAKE DRIVE	OCFEE, FL 34761
VP	PHYLLIS GIRELEY	1350 VICKERS LAKE DRIVE	OCFEE, FL 34761
T	TONJA FILMORE	7720 CARAICK CT	ORLANDO, FL 32835

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/05 (407) 247-3324

Date

Daytime Phone #