

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAY 13 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000129061780

05/13/08--01004--018 **245.00

CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000006198

1. Corporation Name

NEW LIFE FELLOWSHIP CHURCH OF JACKSONVILLE

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

1451 Mt HERMAN St

Suite, Apt. #, etc.

3. Mailing Office Address

1451 Mt HERMAN St

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32209

Country

duVAL

City & State

JACKSONVILLE, FL

Zip

32223

Country

duVAL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3386960

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

ROLAND BAKER

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

11630 THORNAPPLE DR.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32223

☒ 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.

\$245.00

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

Roland Baker

Date

5/7/08

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
PRESIDENT	ROLAND BAKER	11630 THORNAPPLE DR	JAX, FL 32223
VIC PRES	CHARLES McLeod	1222 STOKES CT #3	JAX, FL 32209
SECRETARY	DAVID HART	10919 NATALIE DR	JAX, FL 32209
TREASURER	ADRIAN HARRIS	6595 SAPPHIRE DR	JAX, FL 32206

REINSTATEMENT
05-08

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 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:

Roland Baker ROLAND BAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/08

Date

904-703-9007

Daytime Phone #