

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
in and for the State
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -7 AM 8:01

DOCUMENT # N01000002238

1. Corporation Name

LIFE - LINE RESCUE MISSION INC.

Principal Place of Business

P.O. BOX 680578
ORLANDO FL 32818

Mailing Address

6402 TEBBETTS DRIVE
ORLANDO FL 32818

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2001

5. FEI Number

59-3715142

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROBBINS, SYLVESTER JR	P.O. BOX 680578	ORLANDO FL 32818
VD	ROBBINS, PATRICIA	P.O. BOX 680578	ORLANDO FL 32818
TD	JONES, DANIEL	P.O. BOX 680578	ORLANDO FL 32818
SD	NAAB, BLANCHE	PO BOX 680578	ORLANDO FL 32818
D	PEARSON, WILSON	P.O. BOX 680578	ORLANDO FL 32818
D	DUMAS, MARY	P.O. BOX 680578	ORLANDO FL 32818

8. Name and Address of Current Registered Agent

NAAB, BLANCHE A
3956 SILVER STAR RD.
ORLANDO FL 32808

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

3000008843503
11/07/02--01005--007 **70.00

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

Blanche Naab

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-27-02

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:

Blanche Naab
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-27-02 292-6973

CR2E040 (8/02)