PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 22 AM 9:55

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000005082

1. Corporation Name

New Life Outreach Center, Inc

2. Principal Office Address
5015 Tennessee Capital Blvd
Suite, Apt. #, etc.
City & State
Tallahassee, FL
Zip 32303 Country USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

2002-2003 UBR

4. Date Incorporated or Qualified To Do Business in Florida 7-18-01

5. FEI Number [X] 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 Sandy Lee
Street Address (P.O. Box Number is Not Acceptable) 1908 Botany Drive
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32303

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 Sandy Lee (REGISTERED AGENT MUST SIGN) Date 05/21/03

CR2E061 (10/02)

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
D	Julie Dawson	1809 Aaron Rd	Tallahassee FL 32303
D	Eva Breyer	" " "	" "
D	Sandy Lee	1908 Botany dr	Tallahassee FL 32303
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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: Sandy Lee Sandy Lee 05/21/03 850514-1803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To whom it may Concern,

New Life Outreach never received a reject letter due to the fact we were no longer located at 5003 Tennessee Capital Blvd in May.

Thank you
Sandy Lee