

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL  
AND  
FORM.

05 JUL 12 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01000007396

**1. Corporation Name**

New Life Human Services, Incorporated

**2. Principal Office Address**

1625 Derbyshire Road

Suite, Apt. #, etc.

City & State

Holly Hill, FL

Zip

32117

Country

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/15/01

**5. FEI Number**

59-3749334

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

Victor E Gooden

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

1625 Derbyshire Road

Suite, Apt. #, Etc.

City

Holly Hill

State

FL

Zip Code

32117

**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

*Victor E Gooden*

REGISTERED AGENT MUST SIGN

Date

7/6/05

**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
D	Victor E Gooden	809 Pelican Bay Drive	Daytona Beach, FL 32119
D	Betty Goodman	106 SeaPines Circle	Daytona Beach, FL 32114
D	Barbara Gamble	42 China Moon Drive	Ormond Beach, FL 32174
D	Vernon Echois	1145 Madison Avenue	Daytona Beach, FL 32114
D	Charles Bryant	P.O. Box 2451	Daytona Beach, FL 32115-2451

**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: \*

*Charles S Bryant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\*

7/06/2005

Date

Daytime Phone #

CR2E081 (01/05)