

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -9 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000008726**

1. Corporation Name

**New Life Ministries Church,
Incorporated**

2. Principal Office Address

11050 Lydia Estates Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32218

Country

USA

Zip

Country

REINSTATEMENT

02-05

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

12/07/01

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

George W. Spencer

600061294436

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

11050 Lydia Estates Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

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

George W. Spencer

REGISTERED AGENT MUST SIGN

Date **10/24/05**

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/D	George W. Spencer	11050 Lydia Estates Dr.	Jacksonville, FL 32218
VP/D	Americus Spencer	11050 Lydia Estates Dr.	Jacksonville, FL 32218
S/D	Cynthia Roundtree	1255 W. 28th St.	Jacksonville, FL 32209

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:

George Washington Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/05

Date

904-765-1358

Daytime Phone #

CR2E081 (01/05)