PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 JUN 14 P 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002236

1. Corporation Name
Christian Life Church, A Worship & Ministry Center, Inc.
WI-22898

200180670642
05/17/10--01005--003 **236.25
REINSTATEMENT 08-10

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2750 Partin Settlement Road	1069 Berkeley Dr Kissimmee, Fl. 34744
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee	City & State: Florida
Zip: 34744 Country: OSCEOLA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 02-0613901 ☐ 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: Wayne Searls Senior Pastor
Street Address (P.O. Box Number is Not Acceptable): 1069 Berkeley Drive
Suite, Apt. #, Etc.:
City: Kissimmee State: FL Zip Code: 34744

PROFIT CORPORATIONS ONLY
☐ The $600.00 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.

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: Wayne Searls Sr. Pastor/President
REGISTERED AGENT MUST SIGN

200180670642
Date: 05/25/10--01002--010 **122.50

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
S/T	Clara Goolsby	3563 STAR Shower CT	Kissimmee, Fl. 34744
T	Steven Gisheke	3390 Forest Dr	Kissimmee, Fl. 34746
T	Larry Jones	5718 Parkview PT. Dr	Orlando, Fl. 32821
P	Wayne SEARLS	1069 Berkeley Dr.	Kissimmee, FL 34744

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10. **E-mail Address:** _____
(To be used for future annual report notification)

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. I further certify, 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: Wayne Searls, Sr. Pastor — 05/05/10 — 407 460-8552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #