2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2004
Secretary of State

DOCUMENT# N02000008772

Entity Name: NEW LIFE SANCTUARIES, INC.

Current Principal Place of Business:

7050 WINKLER ROAD
FT. MYERS, FL 33919

New Principal Place of Business:

13850 TREELINE AVE. S.
UNIT #10
FT. MYERS, FL 33913

Current Mailing Address:

5830 WILD FIG LANE
FT. MYERS, FL 33919

New Mailing Address:

13850 TREELINE AVE. S.
UNIT #10
FT. MYERS, FL 33913

FEI Number: 05-0540635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KREWSON, LAWRENCE A REV.
5830 WILD FIG LANE
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BEDIANT, PERRY	
Address:	869 DUQUESNE DR.	
City-St-Zip:	FT. MYERS, FL 33919	
Title:	D	( ) Delete
Name:	HUNLOCK, HOWARD	
Address:	2681 AIRPORT ROAD SOUTH	
City-St-Zip:	NAPLES, FL 34112	
Title:	D	( ) Delete
Name:	STEFFENS, EDWARD	
Address:	6713 HIGHLAND PINES CIRCLE	
City-St-Zip:	FT. MYERS, FL 33912	
Title:	D	( ) Delete
Name:	KOLLER, JAN	
Address:	15135 PALM ISLE DRIVE	
City-St-Zip:	FT. MYERS, FL 33919	
Title:	D	( ) Delete
Name:	BROWN, ROBERT	
Address:	2703 MCGREGOR BLVD.	
City-St-Zip:	FT. MYERS, FL 33901	
Title:	D	( ) Delete
Name:	BROWN, LOIS	
Address:	2703 MCGREGOR BLVD.	
City-St-Zip:	FT. MYERS, FL 33901	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD STEFFENS D 10/27/2004
Electronic Signature of Signing Officer or Director — Date