

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 27 PM 1:30

DOCUMENT # N03000001867

1. Corporation Name

New Life In Christ Baptist Church of Oldsmar, Inc.

200158928602
07/27/09--01040--003 **183.75

KS

2. Principal Office Address - No P.O. Box #
120 Commerce Blvd.

3. Mailing Office Address
310 S. Bayview Blvd.

Suite, Apt. #, etc.
unit #5

Suite, Apt. #, etc.

City & State
Oldsmar

City & State
Oldsmar

Zip Country
FL 34677

Zip Country
FL 34677

REINSTATEMENT 07-09

**4. Date Incorporated or Qualified
To Do Business in Florida** 3/03/2003

5. FEI Number
020590114

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
Yvette P. Gamble

Street Address (P.O. Box Number is Not Acceptable)
112 Gim Gong Road

Suite, Apt. #, Etc.

City
Oldsmar

State Zip Code
FL 34677

☒ The 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

Yvette P. Gamble

REGISTERED AGENT MUST SIGN

Date 07/15/2009

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
Found	James G. Hull	310 S. Bayview Blvd.	Oldsmar, FL 34677
Co-Found	Kiisha L. Hull	310 S. Bayview Blvd	Oldsmar, FL 34677
Secretary	Yvette P. Gamble	112 Gim Gong Road	Oldsmar, FL 34677
Clerk	Teresita M. Armstead	PO Box 580	Oldsmar, FL 34677

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 contained in Chapter 119, 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:

Kiisha L. Hull KIISHA L. HULL

07/15/09

727-420-9816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #