

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 PM 1:35

DOCUMENT # N03000002949

1. Corporation Name

N03000002949

Breath of Life of Central Florida

2. Principal Office Address
600 River Birch Ct.

Suite, Apt. #, etc.
714

City & State
Clermont, Fl.

Zip Country
34711 U.S.A.

3. Mailing Office Address
P.O.Box 136282

Suite, Apt. #, etc.

City & State
Clermont, Fl.

Zip Country
34713 U.S.A.

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida 04/08/03

5. FEI Number
75-3102216

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
Acquanetta Moore-Elerbe

Street Address (P.O. Box Number is Not Acceptable)
600 River Birch Ct.

Suite, Apt. #, Etc.
714

City
Clermont

State Zip Code
FL 34711

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

Acquanetta Moore-Elerbe
REGISTERED AGENT MUST SIGN

Date 1/20/05

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
PD	Acquanetta Moore-Elerbe	600 River Birch Ct. Ste 714	Clermont, Florida 34711
VD	Doris Alston	10 Cambridge Ct.	Mt. Holly. New Jersey 08060
TD	Gale Allgood	4327 S. Highway 27 #143	Clermont, Florida 34711
			600046292796 02/10/05--01010--001 **122.50
			600046292796 02/10/05--01010--002 **8.75

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

Acquanetta Moore-Elerbe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05

Date

352 255 8061

Daytime Phone #

CRCE081 (01/05)

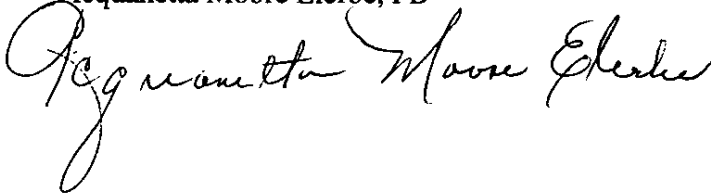
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Breath of Life of Central Florida
P.O.Box 136282
Clermont, Florida 34713
01/25/05

Dear Sir or Madame

This letter is to serve as an official notification that our agency was never in receipt of a notice to renew. Enclosed please find a money order for \$122.50 for 2004 and 2005 fees for our non-profit organization. Also enclosed is a check for \$8.75 for a certificate. If there are any problems or questions please feel free to contact me, the agent, at 352 255 8061.

Sincerely yours,
Acquanetta Moore Elerbe, PD

A handwritten signature in cursive script that reads "Acquanetta Moore Elerbe". The signature is written in dark ink and is positioned below the typed name.