

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 19 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

DOCUMENT # N03000004402

1. Corporation Name

Vine Life Church

2. Principal Office Address - No P.O. Box #

3101 NW 93 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

US

3. Mailing Office Address

6225 NW Sayers Avenue

Suite, Apt. #, etc.

City & State

Port Saint Lucie, FL.

Zip

34983

Country

US

200170052892
02/22/10--01006--017 **183.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida May 16, 2003

5. FEI Number
650859703

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

Calvin Lomax

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

6225 NW Sayers Avenue

Suite, Apt. #, Etc.

City

Port Saint Lucie, FL.

State

FL

Zip Code

34983

☒ 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

REGISTERED AGENT MUST SIGN

Date 2/16/2010

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	Calvin Lomax	6225 NW Sayers Avenue	Port Saint Lucie, FL. 34983
V	Valarie Lomax	6225 NW Sayers Avenue	Port Saint Lucie, FL. 34983
Sec	Jeanine Houston	19823 SW 103 Court	Cutler Bay, FL 33157
D	Dwight McMillan	1059 NW 55 Terrace	Miami, FL 33127
D	Kevin Jasper	1640 NW 128 Street	Miami, FL 33167
D	Juanita Granger	809 SW 83 Avenue	Pembroke Pines, FL 33025

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/10

Date

786-406-9565

Daytime Phone #

2/22