

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 21 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1103000007231

1. Corporation Name

New Life Community Promise, Inc
1829 Vista Cove Rd
St. Augustine, FL 32084

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

1829 Vista Cove Rd

Suite, Apt. #, etc.

City & State

St. Augustine

Zip

32084

Country

USA

3. Mailing Office Address

1829 Vista Cove Rd

Suite, Apt. #, etc.

City & State

Florida

Zip

32084

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

54-2120668

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

Carrie L. Stroman

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

1829 Vista Cove Rd

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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

Carrie Stroman

REGISTERED AGENT MUST SIGN

Date 12/21/2007

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.D.	Carrie Stroman	1829 Vista Cove Rd	St. Augustine, FL 32084
VP	Vernon Stroman	1829 Vista Cove Rd	St. Augustine, FL 32084
ATD	Sherena Stroman	17B Nesmith St	St. Augustine, FL 32084
ATD	April Lawrence	300 Seawater Breeze Way Apt 1105	St. Augustine, FL 32086
			500113533775 01/02/08--01018--004 **297.50
			500113533775 01/02/08--01018--005 **122.50

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:

Carrie Stroman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/2007 (904) 823-1774

Date Daytime Phone #