

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 30 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000007231

1. Corporation Name
New life Community Promise, INC.
2730 US1 South, Suite A
St. Augustine, FL 32086
WID — 19537

300179438503
04/30/10--01046--011 **306.25

2. Principal Office Address - No P.O. Box #
2730 US1 South, Ste A

3. Mailing Office Address
2730 US1 South, Ste A

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32086

Country

U.S.A.

Zip

32086

Country

USA

REINSTATEMENT 06-10
CRZE081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2003

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
Vernon Stroman

Street Address (P.O. Box Number is Not Acceptable)
1845 Old Moultrie Rd

Suite, Apt. #, Etc.

Apt 68

City

St. Augustine

State

FL

Zip Code

32086

☒ 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

Date

04/14/10

REGISTERED AGENT MUST SIGN

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	Vernon Stroman	1845 Old Moultrie Rd	St. Augustine, FL 32086
VPD	Sherena Stroman	1101 Summer Breeze Way	St. Augustine, FL 32086
TSD	Carrie Stroman	212 Galicia Ave	St. Augustine, FL 32086
ATD	Sabrina Stroman	212 Galicia Ave	

600176691148
04/21/10--01003--010 **236.25

10. E-mail Address: Community Promise@tstmail.com

(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

Date

04/14/10 901-217-3167

Daytime Phone #

5/3