

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB -4 PM 2:58

DOCUMENT # N03965

1. Corporation Name

NewLife In Christ ministries, Inc

W02-477

2. Principal Office Address

2436 Garland Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33021

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1987

5. FEI Number

59-2423972

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

REINSTATEMENT 91-02

7. Name and Address of Current Registered Agent

Name

Diane Lakeman

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

2436 Garland Circle

Suite, Apt. #, Etc.

200004901132-1

-02/12/02--01011--008

\*\*\*910.00 \*\*\*910.00

City

Hollywood

State

FL

Zip Code

33021

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

Diane Lakeman

REGISTERED AGENT MUST SIGN

Date 1/23/02

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
D	Diane Lakeman	2436 Garland Circle	Hollywood, FL 33021
S	Janet Deshazior	1202 NW 102nd Street	Miami, FL 33147
T	Philip Brown	7925 NW 87th Avenue	Tamara FL 33321
T	Meghan Brown	7925 NW 87th Avenue	Tamara FL 33321

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:

Diane Lakeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

Date

954-983-4489

Daytime Phone #