

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 10 PM 12:45

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000005737

1. Corporation Name

Renewed Life Through Christ Ministries, Inc

REINSTATEMENT 2009-2011

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

3647 Chalet Ct.

3. Mailing Office Address

3647 Chalet Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32818

Country

US

Zip

32818

Country

US

601190840566
01/10/11--01061--007 **389.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 6/9/2004

5. FEI Number
202417863

☐ 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

Elone Ferrand

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

3647 Chalet Court

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818

2/1/12

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

Elone Ferrand

REGISTERED AGENT MUST SIGN

Date

Jan 6, 2011

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	Elone Ferrand	3647 Chalet Court	Orlando FL 32818
VP	Natalie Gooden	2460 Killington Court	Orlando FL 32835
TRE	Neville Barbour	2895 Ivy Hill Drive	Buford Ga 30519

10. E-mail Address: ferrandelone@yahoo.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:

Elone Ferrand

ELONE FERRAND

1-6-11

407.5783042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #