

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 23 PM 12:50

DOCUMENT # N05000003743

1. Corporation Name

NEW LIFE IN CHRIST TABERNACLE INC.

000171740460

06/23/10--01034--010 **192.50

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

3549 Gladys Street

Suite, Apt. #, etc. PM.

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32209

Country

US

3. Mailing Office Address

3549 Gladys Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32209

Country

US

000171740460

03/10/10 01025 012 #236.25

4. Date Incorporated or Qualified

To Do Business in Florida 04/13/2005

5. FEI Number

73-1734871

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 MORRISON, Zelda A.

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

2058 McHenry Avenue

Suite, Apt. #, Etc.

City Jacksonville, Florida

State

FL

Zip Code

32209

☐ 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

Zelda A. Morrison

Date 06/16/10

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	Morrison, Peggy	3549 Gladys Street	Jacksonville, Florida 32209
VP	Morrison, Zelda	2058 McHenry Avenue	Jacksonville, Florida 32209

REINSTATEMENT

07-18

B 6/24/10

10. E-mail Address: Anita-04@comcast.net

(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:

Zelda A. Morrison

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

6/16/10 904.634-8837

Date

Daytime Phone #