

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR -7 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N05000008654

1. Corporation Name

Community of Life Anglican Fellowship  
Inc

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

3725 Apalachee Pkwy  
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip Country

32311

Leon

200174874122  
04/08/10--01002--006 \*\*183.75

CR2E081 (11/09)

**REINSTATEMENT**

08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-3768608

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

Mary H Smith

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

4020 Old Bainbridge Rd

Suite/Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

☒ 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

Mary H Smith

REGISTERED AGENT MUST SIGN

Date 4/7/10

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	Mary H Smith	4020 Old Bainbridge Rd	Tallahassee, FL
			32303
D	Brian Bailey	2387 Lake Heritage Dr	Tallahassee, FL 32311
D	Pete Lester	3725 Apalachee Pkwy	Tallahassee, FL 32311

10. E-mail Address:

(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:

Mary H Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/10

Daytime Phone #

4/7/10