

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N0700000 9310

1. Corporation Name

Life Church International
Jacksonville, Inc.

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

435 Clark Road

3. Mailing Office Address

P.O. Box 3347

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip 32218

Country U.S.

Zip 32206

Country U.S.

7. Name and Address of Current Registered Agent

Name

Jared Williams

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

10411 BRIARCLIFF ROAD S.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32218

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

REGISTERED AGENT MUST SIGN

Date

3-18-2010

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
Pres.	Jared Williams	10411 Briarcliff Rd. S.	Jacksonville, FL 32218
Dir	Marquita Williams	10411 Briarcliff Rd. S.	Jacksonville, FL 32218
Dir	Joy Alexander	11124 Cherokee Drive	Jacksonville, FL 32221
Dir	Beverly Hooper	8425 Sophist Circle W.	Jacksonville, FL 32209

REINSTATEMENT

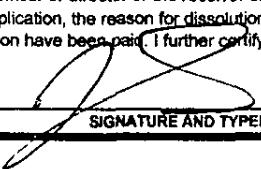


10. E-mail Address: admin@iseelife.org

(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

3/18/2010 (904) 859-4718
Date
Daytime Phone #