

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000011770

1. Entity Name
NEW LIFE RESTORATION OUTREACH, INC.



Principal Place of Business
5015 E FOWLER AVE
TAMPA, FL 33617

Mailing Address
14235 CREEK RUN DR
RIVERVIEW, FL 33569

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 1871

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Riverview FL

Zip

Country

Zip

Country

33569

Hillsborough

10/1/2008

REINSTATEMENT

08-09

FEI Number

26-0507063

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN, ELGIN
14235 CREEK RUN DR
RIVERVIEW, FL 33569

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Elgin Franklin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12/29/08

FILE NOW!!! FEE IS \$61.25

After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME FRANKLIN, ELGIN
STREET ADDRESS 14235 CREEK RUN DR
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500139483315
01/05/09--01053--003 **130.25

TITLE D
NAME BROWN, EBONY
STREET ADDRESS 1115 W NASSAU ST
CITY-ST-ZIP TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JONES, TAMESHA
STREET ADDRESS 12402 SPICER PLACE APT.
CITY-ST-ZIP TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12/1/12

TITLE D
NAME FRANKLIN, TIFFANY D
STREET ADDRESS 14235 CREEK RUN DR
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KIRKLAND, JASMINE
STREET ADDRESS 225 W 131 AVE, APT 5907
CITY-ST-ZIP TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elgin Franklin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/08 (813) 770-2454

Date

Daytime Phone #