

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
09 OCT 19 PM 4:20

DOCUMENT # ND 9483

1. Corporation Name
Church of Life Christian Center, Inc

2. Principal Office Address - No. P.O. Box #
5658 El Dorado Avenue
Lakeland, FL 33809

3. Mailing Office Address
5658 El Dorado Avenue
Lakeland, FL 33809

100161891921
10/19/09--01004--015 **1347.50
CR2E081 (12/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 1984

City & State
Lakeland, FL

City & State
Lakeland, FL

5. FEI Number 592669868 Applied For
Not Applicable

Zip 33809 Country USA

Zip 33809 Country USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Charles H. Milton
Street Address (P.O. Box Number is Not Acceptable)
5658 El Dorado Avenue
Suite, Apt. #, Etc.
City Lakeland State FL Zip Code 33809

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 Charles H. Milton Date October 13, 2009
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
Pastor	Charles H. Milton	5658 El Dorado Avenue	Lakeland, FL 33809
Director	Francine Milton	5658 El Dorado Avenue	Lakeland, FL 33809
Director	Chester Howard	1945 North Lake Howard Drive	Winter Haven, FL 33881
Director	Turkessa K. Housen	1144 Gilmore Avenue	Lakeland, FL 33805
		<u>88-09 B</u>	<u>10/20/09</u>

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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 Francine P. Milton Date 10/13/09 Daytime Phone # h-863-859-4511
C-863-660-8687