

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

06 DEC -7 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 118163

1. Corporation Name
LORD OF LIFE LUTHERAN CHURCH

2. Principal Office Address
276 N ROSCOE BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PONTE VEDRA FL

City & State

Zip 32082 **Country** ST JOHNS

Zip **Country**

4. Date Incorporated or Qualified To Do Business in Florida 12/09/1986

5. FEI Number 59-2774932

Applied For
Not Applicable

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

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name MARGARET A. WIGGINS

Street Address (P.O. Box Number is Not Acceptable)
276 N ROSCOE BLVD

Suite, Apt. #, Etc.

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City PONTE VEDRA

State FL **Zip Code** 32082

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 *Margaret A. Wiggins*
REGISTERED AGENT MUST SIGN

Date 12/5/06

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
PD	ANNETTE KRELIC	620 SPARROW BRANCH CIR	JACKSONVILLE, FL 32259
VD	KEVIN LARRIMORE	219 PARKSIDE DR	ST. AUGUSTINE FL 32095
SD	KAREN BIANCHI	31 ALLAMBARA ST	PONTE VEDRA, FL 32082
TD	MARGARET WIGGINS	98 DOLPHIN BLVD	PONTE VEDRA FL 32082

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: *Margaret A. Wiggins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/06
Date

904-813-4800
Daytime Phone #