

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 29 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

DOCUMENT # N25429
1. Corporation Name
CHRIST CENTERED LIFE MINISTRIES

2. Principal Office Address - No P.O. Box #
150 NE 213 St.
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 540702
Suite, Apt. #, etc.

City & State
Miami, FLORIDA
Zip Country
33179 USA

City & State
Miami FLORIDA
Zip Country
33054 USA

4. Date Incorporated or Qualified To Do Business in Florida
3/16/1988

5. FEI Number
65-0057463
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
Verdell Tolbert
Street Address (P.O. Box Number is Not Acceptable)
1560 NW 154th St
Suite, Apt. #, Etc.
City State Zip Code
Miami FL 33054

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 Verdell Tolbert Date 2-02-08
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
Director	Lonnie Tolbert	150 NE 213 St	Miami, Fl. 33179
Director	Verdell Tolbert	1560 NW 154 th St	Miami Fl. 33054
Director	Marlin Simon	852 Hibiscus RD	Islamorada FL 33036

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02/28/08--01029--003 **131.55

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: Verdell Tolbert Date 02-02-08 305 335 8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



2072

Christ Centered Life Min
P.O. Box 540702, Miami FL 33054
Ph: 305 335 8131
Document # N25429

Uniform Business Report
2/02/08

Dear Sirs;

I am writing for Christ Centered Life Min Inc concerning reinstatement fees. We did not receive the documents and per our conversation \$131.55 is enclosed for the necessary fees to bring the uniform business report current.

If you need more information, please call 305 335 8131 and ask for Verdell Tolbert.

Sincerely,
Director Verdell Tolbert