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
05 FEB 21 AM 8:29

DOCUMENT # N44259

1. Corporation Name
CHRISTIAN NEW LIFE MINISTRY, INC.

REINSTATEMENT 97-05

2. Principal Office Address
6226 WESTON LANE
Suite, Apt. #, etc.
City & State: ORLANDO, FL
Zip: 32810 Country: U.S.A

3. Mailing Office Address
5656 GARDEN GROVE CIRCLE
Suite, Apt. #, etc.
City & State: WINTER PARK, FL
Zip: 32792 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 2-4-05

5. FEI Number: 59-307815 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: DR. VIVIAN CARRINGTON, PASTOR
Street Address (P.O. Box Number is Not Acceptable): 5656 GARDEN GROVE CIRCLE
Suite, Apt. #, Etc.
City: WINTER PARK, FL. State: FL Zip Code: 32792

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Vivian Carrington Date: Feb. 15, 2005
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
Chair Pres.	DR. VIVIAN CARRINGTON	5656 GARDEN GROVE CIRCLE	WINTER PARK, FL. 32792
Dir. Sec.	SHERRON WILLIAMS	2743 WESTON LANE	ORLANDO, FL 32810
Treas	PASTOR LONNIE CARRINGTON	5656 GARDEN GROVE	WINTER PARK 32792
Manager Trustee	JANNIE HARVEY	5206 INDIAN HILL RD #330	ORLANDO, FL. 32808
V. Pres	FANNIE JOHNSON	6226 WESTON LANE	ORLANDO, FL 32810

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 while 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 under section 119.07(3)(i), 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.

DR. VIVIAN CARRINGTON, PASTOR
SIGNATURE: Dr. Vivian Carrington, Pastor 2/15/05 (407) 677-5335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #