

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR -1 AM 4:16 AM 4:11

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000999

1. Corporation Name

New Life In Christ Christian Church, Inc.

2. Principal Office Address - No P.O. Box #

6225 Norwood Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

32208

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/92

5. FEI Number

59-3154369

Applied For

Not Applicable

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

400189432134

03/31/11--01005--022 **83.75

7. Name and Address of Current Registered Agent

Name

Ivory Winfrey

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

2844 Justina Rd

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32208

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

Date

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
PD	Ivory Winfrey	2844 Justina Rd	Jacksonville, Fl. 32208
VP	Rosalyn Winfrey	2844 Justina Rd	Jacksonville, Fl. 32208
TD	Sharon Martin	9719 Evans Rd	Jacksonville, Fl. 32209

REINSTATEMENT 10-11

10. E-mail Address: **nulife4christ@yahoo.com**

(To be used for future annual report notification)

11. 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. I further certify, 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: **Ivory Winfrey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/10 (904) 764-0220

Date

Daytime Phone #

4/1/11
DB