

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -8 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N93000004254*

1. Corporation Name

SPIRIT AND LIFE OUTREACH CENTER, Inc.

500170161505
02/23/10--01002--019 **236.25

REINSTATEMENT 06-10

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

12301 SW 128 CT #110

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#110

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33186

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

57-1192867

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

NORMAN D A COSTA

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

10730 SW 172 ST

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33157

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/16/10

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
<i>TR.</i>	<i>HAZEL JONES</i>	<i>25300 SW 137 Ave #201</i>	<i>MIAMI FL 33032</i>
<i>Sec.</i>	<i>FLAVIA D A COSTA</i>	<i>10730 SW 172 ST</i>	<i>MIAMI FL 33157</i>
<i>Pres</i>	<i>NORMAN D A COSTA</i>	<i>10730 SW 172 ST</i>	<i>MIAMI FL 33157</i>

500170161505
03/03/10--01005--012 **70.75

10. E-mail Address: *SPIRIT AND LIFE OUTREACH@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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/10 305-903-6042

Daytime Phone #