

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 DEC -7 PM 2:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000558

1. Corporation Name
New life Tabernacle church of God Inc.
N94008808 ST; FL

REINSTATEMENT

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #
4203 W.D. Judge Dr

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Orlando

City & State
Orlando, FL

Zip Country
32808 Orange

Zip Country
32808 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59 3227762

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

7. Name and Address of Current Registered Agent

Name
Daisy Fisher

Street Address (P.O. Box Number is Not Acceptable)
2608 Silver Hills Dr.

Suite, Apt. #, Etc.
Apt # 3

City
Orlando

State
FL

Zip Code
32818

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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 617.0503, F.S.

Signature of Registered Agent Overseer Daisy M. Fisher Date 12/7/12
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
Tr.	Carlotha M. Lamb	1014 Mercy Dr. Apt. 57	Orlando, FL 32808
UT	Minnie Dozier	7312 Beacon Hill Loop	Orlando, FL 32811
S	Alma Williams	2608 Silver Street Hill Dr.	Orlando, FL 32818
D.	Daisy Fisher	2608 Silver Street Dr. Apt 3	Orlando, FL 32818
TT	Steve Sutton	407-492-9137	Orlando, FL
TT	Ashley Holmes	407-953-7066	Orlando, FL

10. E-mail Address: _____
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X Daisy Fisher Overseer + Pastor Date 12/7/12 Daytime Phone # _____