

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1996 NOV 26 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95-1227**

1. Corporation Name

New Life Ministries Inc

Principal Place of Business

Mailing Address

**1116 E Donegan Ave
Kiss FL 34744**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

~~708 ADRIANA PARK CIR~~ **SAME**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

3.15.95

5. FEI Number

593305246

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MAVIS YOUNG	831 ASPENWOOD AVE	KISS FL 34743
D	GARVIN HARRISON	1174251E WINSTON LADSON ST	KISS 32824
D	ALVIN WOLLISTON	708 ADRIANA PARK CIR	KISS 34744

000002017020--S
-12/02/96-01030-001
****245.00 ****245.00

8. Name and Address of Current Registered Agent

**ALVIN WOLLISTON
708 ADRIANA PARK CIR
KISS FL 34744**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

ALVIN WOLLISTON

REGISTERED AGENT MUST SIGN

Date **11-27-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

ALVIN WOLLISTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-27-96

Date

Daytime Phone #

CRS-040 (12/95)