

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 28 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001685

1. Corporation Name

New Life Church of Christ, Inc

2. Principal Office Address

5015 Tennessee Capital Blvd (Same)

Suite, Apt. #, etc.

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32303

Country

USA

Zip

Country

REINSTATEMENT

00-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3371306

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

Sandy Brown

700054213947

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

2306 Monticello Drive

05/10/05--01059--003 **551.2

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

04/28/05

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
D	Julie Dawson	1509 Aaron Rd	Tallahassee, FL 32303
D	Eva Conner	"	"
PD	Kurt Dawson	"	"
D	Sandy Brown	2306 Monticello Dr	Tallahassee, FL 32303

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 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 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/05

Date

Daytime Phone #

850 383-0028

Th 4/28