PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
02 JUN 24 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-02

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DOCUMENT # N97000003322

1. Corporation Name

LIfe- Line of Christ Ministries Inc.

2. Principal Office Address	3. Mailing Office Address
3956 Silver Star Rd.	6327 Crete Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32808 Country: U.S.	Zip: 32818 Country: U.S.

4. Date Incorporated or Qualified To Do Business In Florida: 6/9/97

5. FEI Number: 59-3484570 ☐ 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: Blanche Naab

Street Address (P.O. Box Number is Not Acceptable): 6402 Tebbetts Drive

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32818

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: Blanche Naab Date: 6-12-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/94)

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	Robbins, Sylvestor Pastor	3956 Silver Star Rd	Orlando, Fl. 32808
VPD	Robbins, Patricia	3956 Silver Star Rd	Orlando, Fl 32808
SD	Naab, Blanche	3956 Silver Star Rd	Orlando, Fl 32808
TD	Robbins, Priscilla	3956 Silver Star Rd	Orlando, Fl 32808
D	Jones, Daniel	3956 Silver Star Rd	Orlando, Fl 32808
D	Dumas, Mary	3956 Silver Star Rd	Orlando, Fl 32808

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: Sylvestor Robbins 6/12/02 (407)522-0032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #