

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

04 NOV -1 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N97000003322

**1. Corporation Name**

LIFE-LINE OF CHRIST Ministries, Inc.

**2. Principal Office Address**

3956 Silver Star Rd

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 680578

Suite, Apt. #, etc.

**City & State**

Orlando FL

Zip  
32808

**Country**

ORANGE

**City & State**

Orlando, FL

Zip

ORANGE

**REINSTATEMENT** 03-21

**4. Date incorporated or Qualified  
To Do Business in Florida**

06/09/1997

**5. FEI Number**

593484570

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **7. 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*

REGISTERED AGENT MUST SIGN

**Date** 10-26-04

**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	Sylvester Robbins	3956 Silver Star Rd	Orlando, FL 32808
VPD	Patricia Robbins	3956 Silver Star Rd	Orlando, FL 32808
SD	Blanche Naab	3956 Silver Star Rd	Orlando, FL 32808
TD	Priscilla Robbins	3956 Silver Star Rd	Orlando, FL 32808
D	DANIEL JONES	3956 Silver Star Rd	Orlando, FL 32808
D	MARY DUMAS	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:**

*Sylvester Robbins* Sylvester Robbins 10-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

(407-522-0032)