PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED AND FILED
01 NOV -7 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003327

1. Corporation Name
New Life Family Church of Marianna Florida, Inc.

2. Principal Office Address	3. Mailing Office Address
4028 Lafayette St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Marianna FL	SAME
Zip / Country	Zip / Country
32446 / Jackson	

4. Date Incorporated or Qualified To Do Business in Florida: Jun 9 1997

5. FEI Number: 59-3212360 ☐ 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: Jeff Ward

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-11/13/01--01066--014
****253.75 ****253.75

Street Address (P.O. Box Number is Not Acceptable): 4028 Lafayette St.

Suite, Apt. #, Etc.:

City: Marianna | State: FL | Zip Code: 32446

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: Jeff Ward — REGISTERED AGENT MUST SIGN — Date: 11-7-01

CR2E081 (9/00)

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
DiR. Pastor	Jeff Ward	2951 Moneyham Rd	Marianna, FL 32448
DiR. Elder	Sandra Ward	2951 Moneyham Rd	Marianna, FL 32448
DiR Elder	Carl Spataro	2669 Choctaw Trail	Marianna, FL 32446
DiR. Deacon	David Green	2927 Dogwood Dr.	Marianna, FL 32446

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: Jeff Ward JEFF WARD Senior Pastor 11-7-01 850-526-2132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #