

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N97000003927

1. Corporation Name

LIFELINE COMMUNITY CHURCH, INC.

Principal Place of Business

2131 HILLVIEW STREET  
SARASOTA FL 34239-2346

Mailing Address

2131 HILLVIEW STREET  
SARASOTA FL 34239-2346

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/08/1997

5. FEI Number

59-3460546

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
PD	WILKINS, MIKE	2131 HILLVIEW STREET	SARASOTA FL 34239
<del>VD</del>	<del>O'HARA, KEVIN</del>	<del>4730 W. 59TH #1906</del>	<del>BRADENTON FL 34246</del>
<del>VD</del>	<del>SHAW, DAVID C.</del>	<del>1017 20TH ST.</del>	<del>ORLANDO FL 32805</del>
STD	BASSIE, STEVE	11122 PINE LILLY PL	BRADENTON FL 34202
D	GARBER, LON L.	920 HOBSON ST.	LONGWOOD FL 32750
REINSTATEMENT 09 11 TS			

8. Name and Address of Current Registered Agent

WILKINS, MICHAEL  
2131 HILLVIEW STREET  
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

100003107501--2

City

-01/24/00--01011--017  
\*\*\*\*245. FL \*\*\*\*245.00

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

REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-8-99

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-8-99

Date

941-955-7233

Daytime Phone #