


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -7 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 97000006287 (3)

1. Corporation Name

NEWLIFE EVANGELISTIC FELLOWSHIP, INC.

2. Principal Office Address 1009 OLD DIXIE HIGHWAY Suite, Apt. #, etc. N/A City & State RIVIERA BEACH, FL. Zip 33404		3. Mailing Office Address 1125 CHORUS WAY Suite, Apt. #, etc. N/A City & State ROYAL PALM BEACH, FL. Zip 33411	
Country PALM BEACH	Country PALM BEACH		

4. Date Incorporated or Qualified To Do Business in Florida 11/05/97	
5. FEI Number 311633591	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ROBERT WATFORD	
Street Address (P.O. Box Number is Not Acceptable) 1125 CHORUS WAY	
Suite, Apt. #, Etc. N/A	
City ROYAL PALM BEACH,	State FL
	Zip Code 33411

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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

Robt. Watford
REGISTERED AGENT MUST SIGN

Date
03/26/04

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
P	ROBERT WATFORD	1125 CHORUS WAY	ROYAL PALM BEACH, FL. 33411
VP/D	MARY C. WATFORD	1125 CHORUS WAY	ROYAL PALM BEACH, FL. 33411
T/D	JONATHAN BROWN	7743 BISHOPWOOD RD.	LAKE WORTH, FL. 33467
AT/D	SHEILA HORNE	626 NORTH 'L' STREET	LAKE WORTH, FL. 33460
S/D	PATRICA BROWN	7743 BISHOPWOOD RD.	LAKE WORTH, FL. 33467

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:

Robt. Watford ROBERT WATFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/04
Date

(561) 383-7920
Daytime Phone #

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