

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 97000006287 (3)

1. Corporation Name

NEWLIFE EVANGELISTIC FELLOWSHIP, INC.

2. Principal Office Address
1009 OLD DIXIE HIGHWAY3. Mailing Office Address
1125 CHORUS WAY

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

RIVIERA BEACH, FL.

City & State

ROYAL PALM BEACH, FL.

Zip
33404Country
PALM BEACHZip
33411Country
PALM BEACH

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida 11/05/975. FEI Number 311633591 Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ROBERT WATFORDStreet Address (P.O. Box Number is Not Acceptable)
1125 CHORUS WAY

500031866375

04/06/04-01032-006 **131.25

Suite, Apt. #, Etc.
N/ACity
ROYAL PALM BEACH,State
FL Zip Code
33411

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

Date 03/26/04

REGISTERED AGENT MUST SIGN

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	PATRICIA 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: Robert Watford ROBERT WATFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/04

(561) 383-7920

Date Daytime Phone #

CR2E081 (01/04)