

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR 10 PM 12:26

DOCUMENT # N97000006287

1. Corporation Name

NEW LIFE EVANGELISTIC FELLOWSHIP, INC.

2. Principal Office Address - No P.O. Box #

1009 Old Dixie Hwy.

Suite, Apt. #, etc.

NA

City & State

Riviera Beach, Fl.

Zip

33404

Country

USA

3. Mailing Office Address

1009 Old Dixie Hwy.

Suite, Apt. #, etc.

NA

City & State

Riviera Beach, Fl.

Zip

33404

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

November 5, 1997

5. FEI Number

31-1633591

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

Robert Watford

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

3518 Cypress Trail

Suite, Apt. #, Etc.

D206

City

West Palm Beach,

State

FL

Zip Code

33417P

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Robert Watford*

REGISTERED AGENT MUST SIGN

Date

3/7/10

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	3518 Cypress Trail D206	West Palm Beach, Fl. 33417
VPD	Mary C. Watford	3518 Cypress Trail D206	West Palm Beach, Fl. 33417
TD	Sheila Home	626 North 'L' Street	Lake Worth, Fl. 33460
ATD	Johnny Watford	2518 State Street	Palatka, Fl. 32177

10. E-mail Address: robertwatford1078@att.net

(To be used for future annual report notification)

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. I further certify, 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

Date

3/7/10 561-242-1252

Daytime Phone #