

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 MAR -1 PM 12:24

DOCUMENT # N98/000001067

1. Corporation Name

NEW LIFE INDEPENDENT CHURCH, CORP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

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

75 N WOODWARD AVE

Suite, Apt. #, etc.

8000-2112

City & State

TALLAHASSEE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

32313

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1998

5. FEI Number

593510033

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

J. HAWKINS

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

75 N WOODWARD BLVD

Suite, Apt. #, Etc.

APT #8000-2112

City

TALLAHASSEE

State

FL

Zip Code

32313

500245267795
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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

Date **02/20/13**

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 |
|--------|--------------------------------------|---|----------------------|
| VP/S | J..HAWKINS | 75 N WOODWARD AVE #8000-21112 | TALLAHASSEE FL 32313 |
| P/T | K.H. HAWKINS | 75 N WOODWARD AVE #8000-2112 | TALLAHASSEE FL 31313 |
| D | S.WILLIS | 75 N WOODWARD BLVD #8000-2112 | TALLAHASSEE FL 31313 |
| | | | |
| | | | |
| | | | S. HAWKES |
| | | | MAR - 2013 |

2010-13
REINSTATEMENT

10. E-mail Address: PROJECTHOPE@INBOX.COM

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

J. Hawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-13 305 707 4873

Date

Daytime Phone #

EXAMINER