

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001067

1. Corporation Name

NEW LIFE INDEPENDENT CHURCH CORP

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

75n Woodward Ave

Suite, Apt. #, etc.

8000-2112

City & State

Tallahassee Florida

Zip

32313

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

2011-2014

M. MILLIGAN
EXAMINER

CR2E081 (11)

4. Date Incorporated or Qualified
To Do Business in Florida

MAR 28 2014

5. FEI Number

593510033

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

J. Hawkins

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

75n Woodward Blvd

Suite, Apt. #, etc.

401 # 8000-2112

City

Tallahassee

State

FL

Zip Code

32313

000258407370
03/31/14--01001--010 **345.00

000258407370
03/31/14--01001--011 **125.00

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

J. Hawkins

Date

3-17-14

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
NP/S	J. Hawkins	75n Woodward Ave #8000-2112	Tallahassee FL 32313
O/T	J. H. Hawkins	75n Woodward Ave #8000-2112	Tallahassee FL 32313
D	S. Willis	75n Woodward Ave #8000-2112	Tallahassee FL 32313

10. E-mail Address: ProjecthopeUSA1@gmail.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.817.155, F.S.

SIGNATURE:

J. Hawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-17-14

Daytime Phone #

Doc's orig. Rec. 3/12 - Corrected Doc's Rec. 3/20 - Orig. Date of Rec.