

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 19 AM 11:58

DOCUMENT # **N98000001560**

1. Corporation Name

**NEW LIFE FELLOWSHIP CHURCH, INC.**

Principal Place of Business

Mailing Address

~~1401 27TH AVE. SOUTH~~  
~~ST. PETERSBURG FL 33705~~

~~1401 27TH AVE. SOUTH~~  
~~ST. PETERSBURG FL 33705~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**2500 34<sup>th</sup> St. So.**

3. New Mailing Office Address, If Applicable

**2500 34<sup>th</sup> St. So.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Petersburg FL**

City & State

**St. Petersburg FL**

Zip

**33711**

Country

**USA**

Zip

**33711**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/16/1998**

5. FEI Number

**59-3509191**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DIALS, CHICANO	1401 27TH AVE. SOUTH	ST. PETERSBURG FL 33705
D	DIALS, FRANCHON	1401 27TH AVE. SOUTH	ST. PETERSBURG FL 33705
D	BURNETT, AMANDA	1401 27TH AVE. SOUTH	ST. PETERSBURG FL 33705
			900004663299--9 -11/01/01--01081--007 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

**DIALS, CHICANO**  
**1401 27TH AVE. SOUTH**  
**ST. PETERSBURG FL 33705**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

**10/15/01**

REGISTERED AGENT MUST SIGN

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 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:

**SIGNATURE REQUIRED**  
**Chicano Dials**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/15/01**

Date

**727-328-7978**

Daytime Phone #

CR2E040 (8/01)