

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:00

DOCUMENT # **N98000003580**

1. Corporation Name

**SPIRIT LIFE FELLOWSHIP, INC.**

Principal Place of Business

Mailing Address

1106 E ROSE STREET  
LAKELAND FL 33801

P.O. BOX 774  
LAKELAND FL 33802

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/03-01092-014 #244.75

06/19/1998

5. FEI Number

59-3516389

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	LASTER, YOUNG S R	<del>5923 RAY PLACE</del> 1534 Lagoon Rd	LAKELAND FL-33815 33803
D	LASTER, CYENTRIA L	<del>5923 RAY PLACE</del> 1534 Lagoon Rd	LAKELAND FL-33813 33803
D	CLARK, RAYMOND	624 E VALENCIA STREET	LAKELAND FL 33805
D	LASTER, YOUNG J R	1311 HERSCHELL STREET	LAKELAND FL 33815
ST	LYNCH, DESTINY	624 E VALENCIA STREET	LAKELAND FL 33805
D	ROBINSON, PAMELA	1709 HUGHES DRIVE	PLANT CITY FL 33566

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LASTER, CYENTRIA L  
6215 PINE LANE  
LAKELAND FL 33813

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Cyentria L. Laster*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

*Cyentria L. Laster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03

863-686-9119

CR2E040 (7/03)