


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>

DOCUMENT # N99000001693

1. Corporation Name

NEW LIFE COMMUNITY Church of Pinellas  
County, Inc.

2. Principal Office Address

1773 Biarritz Circle

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Zip

34689

Country

Pinellas

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/1999

5. FEI Number

59-3608245

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

600005108126--7  
-03/14/02--01052--021  
\*\*\*\*297.50 \*\*\*\*297.50

FILED  
02 MAR -4 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

DIXIE GLISSON

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

1773 Biarritz Circle

Suite, Apt. #, Etc.

City

Tarpon Springs, FL

State  
FL

Zip Code

34689

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

*D. S. Glisson*

REGISTERED AGENT MUST SIGN

Date

2/23/02

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
VPD	Bob PAGE	2383 Netherlands Dr. #19	CLEARWATER, FL 33763
VPD	Larry Sipe	1812 Ironwood Ct. W.	Oldsmar, FL 34677
PD	Dixie Glisson	1773 Biarritz Circle	Tarpon Springs, FL 34689
TD	JAMES Provly	6805 LASSEN AVE.	New Port Richey FL 34655

REINSTATEMENT

01-02-78

10. 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:

*D. S. Glisson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/02

Daytime Phone #

CR2E081 (8/01)