

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB -3 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N99000003631**

**1. Corporation Name**

CHRISTLIFE INTERNATIONAL MINISTRIES, INC.

**2. Principal Office Address**

35546 Welby Ct

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

Zip

33541~9140

Country

US

**3. Mailing Office Address**

P.O. Box 7281

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33544~0104

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

June 14, 1999

**5. FEI Number**

59~3579246

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

900028402639  
02/09/04--01026--031 \*028.04

**7. Name and Address of Current Registered Agent**

Name

Steven J. Collier

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

35546 Welby Ct

Suite, Apt. #, Etc.

City

Zephyrhills,

State

FL

Zip Code

33541~9140

**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

REGISTERED AGENT MUST SIGN

Date Jan. 15, 2004

**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
P/D/C	Steven J. Collier	35546 Welby Ct	Zephyrhills, FL 33541~9140
V/D/C	E. Suzan Collier	35546 Welby Ct	Zephyrhills, FL 33541~9140
S/T/D	Mitzi M. Collier	35546 Welby Ct	Zephyrhills, FL 33541~9140

**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:**

Steven J. Collier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/04

Date

813~779~7772

Daytime Phone #

CR2E081 (10/02)