


(8183.75)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
10 MAY 10 AM 7:15
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT
300174813153
04/07/10--01007--020 **183.75
CR2E081 (11/09)

DOCUMENT # N99000004683

1. Corporation Name
New Life Restoration, Inc. WI-21118

2. Principal Office Address - No P.O. Box #
4213 E. GROVE ST. W
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

Zip
33610

Country
US

7. Name and Address of Current Registered Agent

Name
Gerry Sanders

Street Address (P.O. Box Number is Not Acceptable)
1117 Shadow Run Dr.

Suite, Apt. #, etc.
Ld, Florida 33813

City
LEID

State
FL

Zip Code
33813

4. Date Incorporated or Qualified To Do Business in Florida
8/2/1999

5. FEI Number
59-3593318

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☐ Applied For
☐ Not Applicable

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
Gerry Sanders

Date
3/8/10

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 Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	ROSE CASH	501 HARTZELL AVE	LAND AND, FL 33815
P	GERAY SANDERS	1117 Shadow Run Dr	LAND AND, FL 33813
T	DEBORAH BARNHILL	4213 E. GROVE ST	TAMPA, FL 33610
VP	GEORGE BARNHILL	4213 E. GROVE ST	TAMPA, FL 33610
S	JEAN EVANS	1117 Shadow Run Dr	LAND AND, FL 33813

BH

10. E-mail Address: GerrySanders303@yahoo.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., 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.

SIGNATURE: Gerry Sanders **3/8/10**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #