

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 02 JUL 12 AM 9:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N99000005434**

1. Corporation Name
LIFELINE COMMUNITY CHURCH INC. OF CENTRAL FLORIDA
A

Principal Place of Business Mailing Address
15096 NW PLD HWY 441 **POST OFFICE BOX 727**
#4 **ORANGE LAKE FL 32681-0727**
REDDICK FL 32686



REINSTATEMENT 01-02

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

2. New Principal Office Address, If Applicable 15096 NW OLD HWY 441		3. New Mailing Office Address, If Applicable P.O. BOX 100		4. Date Incorporated or Qualified To Do Business in Florida 09/13/1999	
Suite, Apt. #, etc. # 4		Suite, Apt. #, etc.		5. FEI Number 59-3748404	
City & State REDDICK FL		City & State REDDICK FL		Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32686	Country MARION	Zip 32686	Country MARION	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	McKINNON, JAMES L McKINON, JAMES L.	16047 N.W. 37TH TERRACE	REDDICK FL 32686
T	MARTIN, COLIN G	21858 N.W. 51ST CT	EVINGTON FL 32633
S	MARTIN, RONNIE J	21858 NW 51ST COURT	EVINGTON FL 32633
TR	BURCH, DAILEY	1005 SW WACAHOOTA ROAD	MICANOPY FL 32667
TR, T	COLLINS, WENDELL	501 W HWY 318	CITRA FL 32113
TR, S	McKINON, JUANITA McKINON, JUANITA	16047 N.W. 37TH TERRACE	REDDICK FL 32686

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLLINS, WENDELL 501 W HWY 318 CITRA FL 32113	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc. 200006443912-6
	City ***236.2 State ***006.25 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.

Signature of Registered Agent Wendell Collins **SIGNATURE REQUIRED** Date 7/9/02
 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: James L. McKinnon **SIGNATURE REQUIRED** Date 7/9/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)