

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN -9 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000005434**

1. Corporation Name
**LIFELINE COMMUNITY CHURCH
INC., OF CENTRAL FLORIDA**

200056151982
06/14/05--01049--001 **131.25

200056151982
06/14/05--01049--002 **61.25

2. Principal Office Address
15096 N.W. 25A

3. Mailing Office Address
P.O. Box 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
REDDICK, FL.

City & State
REDDICK, FL.

Zip
32686

Country
MARION

Zip
32686

Country
MARION

4. Date Incorporated or Qualified
To Do Business in Florida **09/99**

5. FEI Number Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
DEC. WENDELL COLLINS

Street Address (P.O. Box Number is Not Acceptable)
501 WEST HWY 318

Suite, Apt. #, Etc.

City
Cirta

State
FL

Zip Code
32113

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 **Wendell Collins**

Date **6/7/05**

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JAMES L. MCKINON	P.O. Box 87/16047 Terr. N.W. 37	REDDICK, FL. 32686
T	WENDELL COLLINS	501 WEST HWY 318	CIRTA, FL. 32113
S	JUANITA D. MCKINON	P.O. Box 87 16047 N.W. 37 Terr.	REDDICK, F 32686

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:

James L. McKinon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/05
Date

Daytime Phone #

CR2E081 (01/05)