

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

102

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAY -2 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # W99000005543

1. Corporation Name

NEW LIFE WORSHIP CENTER:
International, Inc.

2. Principal Office Address

819 N Central Ave

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Kiss

City & State

FL

Zip

Country

34744

Zip

Country

2001-2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/99

5. FEI Number

59-3305246

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

Alvin Wolkston

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

708 ADRIANE PK CIR

Suite, Apt. #, Etc.

City

Kiss

State

FL

Zip Code

34741

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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

Alvin Wolkston

Date

5-2-02

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
PD	ALVIN WOLKSTON	708 ADRIANE PK CIR KISS FL 34741	
VPI	BARBARA WOLKSTON	708 ADRIANE PK CIR KISS FL 34741	
D	DELORIS THOMAS	25 CARMEN COURT KISS FL 34701	
T	GARVIN HARRISON	11742 WINSTON WAY ORL FL 32824	

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:

Alvin Wolkston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-2-01

Daytime Phone #

CR2E081 (9/01)

2 of 2

I Alvin Workston Did Not Receive
my 2001 and 2002 UBR. for New life
Worship Center. International Inc.

NUM N 9900000 5543.

FE # 59 3305246.

Alvin Workston
PD.