

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000097831

1. Corporation Name

NORTH FLORIDA LIFE FORCE, INC.

Principal Place of Business

8412 PINE CONE RD.  
TALLAHASSEE FL 32311

Mailing Address

8412 PINE CONE RD.  
TALLAHASSEE FL 32311

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/2001

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MACDILL, LESLIE	8412 PINE CONE RD.	TALLAHASSEE FL 32311

800008700738  
10/30/02--01078--009 \*\*150.00

8. Name and Address of Current Registered Agent

MACDILL, LESLIE  
8412 PINE CONE RD.  
TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Leslie Macdill*  
REGISTERED AGENT MUST SIGN

Date

10/28/02

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:

*Leslie Macdill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

CR20040 (8/02)

North Florida Life Force, Inc.  
8412 Pine Cone Road  
Tallahassee, FL 32311

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

October 28, 2002

To Whom It May Concern:

The enclosed Application for Reinstatement is being accompanied by this letter in accordance with the Department's instructions, to wit, prior notices have not been received by this office. Please also find enclosed a check in the amount of \$150.00 to file this report.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Leslie MacDill".

Leslie MacDill  
Registered Agent

LM/  
Enclosure