

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000106912

1. Corporation Name

NEW LIFE ENTERPRISES WORLDWIDE, INC.

Principal Place of Business

7190 S.W. 14 STREET
PEMBROKE PINES FL 33023

Mailing Address

7190 S.W. 14 STREET
PEMBROKE PINES FL 33023

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

10/03/2002

5. FEI Number

460501467

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
PSD	MILLAN, ISELA	7485 FAIRWAY DRIVE #409 8004 N.W. 154ST. #284	MIAMI LAKES FL 33016

05/06/03 90051 638 \$150.00

10/16/03

8. Name and Address of Current Registered Agent

MEHMOOD, AMY
7190 S.W. 14 STREET
PEMBROKE PINES FL 33023

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

SIGNATURE REQUIRED

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-03 954632-217

CR2E040 (7/03)

NEW LIFE ENTERPRISES WORLDWIDE, INC.
7190 S.W. 14 STREET
PEMBROKE PINES, FL 33023

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

Ref.: # P02000106912

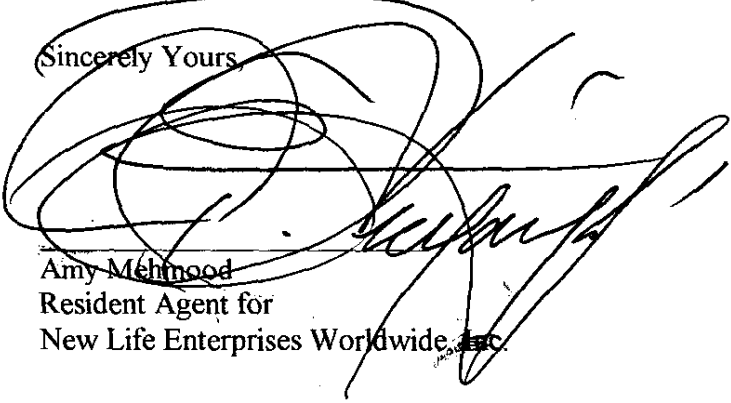
Gentlemen:

Two days ago we received in the mail a Notice of Administrative Dissolution or Revocation. I immediately started seeking the returned checks proving payment for the Annual Report 2003 and I called your offices, where I was informed that true they received the check but it was returned to us because of the missing federal I.D. number supposedly on May 22 of this year, yet we did not receive such letter.

She also notified me that I would still have to send the application for reinstatement filled out which I am enclosing to the present requesting that you waive the fee because we truly did not receive any reject letter.

With no further matters for the moment, I remain,

Sincerely Yours



Amy Mehmood
Resident Agent for
New Life Enterprises Worldwide, Inc.