

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V41533**

1. Corporation Name

New Life Concepts, Inc

Principal Place of Business

Mailing Address

**3309 Horseshoe Dr.
Longwood, FL 32779**

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

2. New Principal Office Address, If Applicable

3309 Horseshoe Dr.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3309 Horseshoe Dr.

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32779

Country

USA

City & State

Longwood, FL

Zip

32779

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 4, 1992

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
to 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Dale W. Kobasak	3309 Horseshoe Dr.	Longwood, FL 32779
			700003034247--4 -11/03/99--01075--010 *****200.00 *****200.00
			700003034247--4 -11/03/99--01075--011 *****500.00 *****500.00

REINSTATEMENT 96-09 TS

8. Name and Address of Current Registered Agent

**Lisa Kubasak
3309 Horseshoe Dr.
Longwood, FL 32779**

9. Name and Address of New Registered Agent

Name **Lisa D. Kubasak**
Street Address (P.O. Box Number is Not Acceptable)
3309 Horseshoe Dr.
Suite, Apt. #, Etc. **700003034247--4**
City **Longwood** **FL 32779**
-11/03/99--01075--012
*****500.00 *****500.00

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

Lisa Kubasak

REGISTERED AGENT MUST SIGN

Date **10-22-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Dale W. Kobasak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-99 407-865-5722
Date Daytime Phone #

CR2001 (12/98)