

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 DEC -1 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

726830

1. Corporation Name

CHAPEL of ETERNAL LIFE, INC.

Principal Place of Business

Mailing Address

1547 N. FLORIDA MANGO Rd.

552 SANTA FE Rd.

West PALM BEACH, FL 33409

WPB

33406

Bldg. 14 unit 4

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

June 29, 1973

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

226830

Applied For

Not Applicable

59-2547449

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	HANNALORE MARTIN	33 PALM DRIVE WEST PALM BCH, FL	West PALM BCH, FL 33406
V/D	LOUISE FATERKO	2329 KENTUCKY ST.	WPB, FL 33406
CLM	GARY N. DAVISSON	4611 S. CONGRESS AVE.	APT # 213 LAKE WORTH FL, 33461
ST/D	JUANITA D. HOLLEY	552 SANTA FE Rd.	WPB, FL 33406

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****420.00 ****420.00

8. Name and Address of Current Registered Agent

JUANITA D. HOLLEY
552 SANTA FE Rd.
WEST PALM BEACH, FL.
33406

9. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.: SAME
City: FL State Zip Code: FL

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

Juanita D. Holley
REGISTERED AGENT MUST SIGN

Date 11-25-1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Juanita D. Holley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-25-97 Daytime Phone #

561-697-1708

CP2504C (12/96)