


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 98 MAR 16 PM 3:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000003805**
 1. Corporation Name
S.E.A. OF LIFE MINISTRIES, INC.

Principal Place of Business 2280 SOFIA DR. LUTZ FL 33549	Mailing Address 2280 SOFIA DR. LUTZ FL 33549
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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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	07/17/1996
5. FEI Number	59-3169027
Applied For	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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. 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
Pres.	Bobby Smith, Sr ^D	2280 Sofia Dr.	Lutz, Fl. 33549-5183
Vice Pres	Bobby Smith Jr. ^D	3212 W. Brandy Blvd, Apt. 8	Tampa, FL 33611
Sec. Tres.	Judy Smith ^D	2280 Sofia Dr.	Lutz, Fl 33549-5183

REINSTATEMENT 07-98
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8. Name and Address of Current Registered Agent
SMITH, BOBBY JR.
2280 SOFIA DR.
LUTZ FL 33549

9. Name and Address of New Registered Agent
 Name **Bobby Smith, Sr.**
 Street Address (P.O. Box Number is Not Acceptable) **2280 Sofia Dr.**
 Suite, Apt. #, Etc.
 City **Lutz,** State **FL** Zip Code **33549-5183**

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 Bobby Smith Sr REGISTERED AGENT MUST SIGN Date 3-6-98

11. This corporation owes or has paid 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)(f), 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: Bobby Smith Sr **Bobby Smith, Sr.** 3-6-98 813-949-2823
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25040 (8/97)