

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 MAR 17 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763413

1. Corporation Name

SEAGATE OF AMELIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4235 SOUTH 10TH STREET
FERNANDINA BEACH FL 32034

Mailing Address

P.O. BOX 1643
FERNANDINA BEACH FL 32035



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.
913 S. 14th St.
City & State
FERN. Bch., Fla
Zip
32034
Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1982

5. FEI Number

NOT APPLICABLE

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)

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
PTD	AVA A. Wilson	1235 S 20TH ST 913 S. 14th St.	AMELIA FL FERN. Bch., FLA. 32034
VD	WILSON, AVA A	PO BOX 1643 (NA)	FERNANDINA BCH. FL
	RON Seamon	2554 Luanhaven Terrace	Jacksonville, FL
SD	WILSON, JUANITA P.	27 S. 7TH STREET	FERNANDINA BCH. FL
D	MARTIN, DORIS B.	ROUTE 1, CLINCH DRIVE	FERNANDINA BCH. FL
	Charles Aroneck	P.O. Box 6159 (NA)	200002117822--1 -03/19/97--01053--009 ****175 80 ****175 00

REINSTATEMENT

8. Name and Address of Current Registered Agent

BOATRIGHT, J O
1235 SOUTH 10TH STREET
FERNANDINA BEACH FL 32034

9. Name and Address of New Registered Agent

Name
AVA A. Wilson
Street Address (P.O. Box Number is Not Acceptable)
P.O. BOX 1643 / 913 S. 14th St.
Suite, Apt. #, Etc.
200002117822--1
City
FERN. Bch., FL 32034
-03/19/97--01053--010
****122 50 ****122 50

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

AVA A. Wilson

REGISTERED AGENT MUST SIGN

Date 12/31/96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AVA A. Wilson

12/31/96
Date

(904) 277-3730
Daytime Phone #

CP2E040 (7/96)

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DIVISION OF CORPORATIONS

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1997 MAR 17 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16568

1. Corporation Name:

LIFE EXCHANGE MINISTRIES, INC.

Principal Place of Business

Mailing Address

3300-AVIATION-BLVD,
VERO BEACH FL 32960
US

3300-AVIATION-BLVD,
VERO BEACH FL 32960
US

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

2. New Principal Office Address, If Applicable
2155 15th AVE.

3. New Mailing Office Address, If Applicable
2155 15th AVE.

4. Date Incorporated or Qualified
To Do Business in Florida 08/28/86

Suite, Apt. #, etc.
STE. D-1

Suite, Apt. #, etc.
STE. D-1

5. FEI Number
59-2697394

Applied For
Not Applicable

City & State
VERO BEACH FL

City & State
VERO BEACH FL

Zip 32960 Country US

Zip 32960 Country US

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)

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
PCD	COLLISON, SIDNEY H	1826 14th AVE. SW	VERO BEACH FL 32962
D	KLEPFER, RALPH	2424 3rd ST. SW	VERO BEACH FL 32962
D	BALL, ROGER	4731 9th PL	VERO BEACH FL 32966
STD	LESHE, KATHY	250 OCEAN RD, APT 1C	VERO BEACH FL 32963
D	SHAW, MONA	2521 BUENA VISTA BLVD	VERO BEACH FL 32960
D	HABBERSETT, EDITH	5101 N A1A, #107	VERO BEACH FL 32963

8. Name and Address of Current Registered Agent

SIDNEY H COLLISON
1826 14th AVE SW
VERO BEACH FL 32962

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

REINSTATEMENT
900002117819--0
-03/19/97--01053--008
***297.50
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

Sidney H. Collison

REGISTERED AGENT MUST SIGN

Date 3/13/97

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: Sidney H. Collison

Sidney H. Collison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97 (561)563-0430

Date Daytime Phone #

CR2EDMG (12/96)