

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00000002755**

1. Corporation Name

**THE SPIRITUAL WELLNESS TRAINING AND DEVELOPMENT
CENTER, INC.**

Principal Place of Business

**2268 HICKORY TREE LN.
TALLAHASSEE FL 32303**

Mailing Address

**2268 HICKORY TREE LN.
TALLAHASSEE FL 32303**

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

2. New Principal Office Address, If Applicable

1983 Hickory Tree Lane

Suite, Apt. #, etc.

Tallahassee, FL

City & State

Zip
32303

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

02 NOV 18 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

04/25/2000

5. FEI Number

59-3655651

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
PD	BUTLER-CARTER, BETSY	2268 HICKORY TREE LN.	TALLAHASSEE FL 32303
TD	ROBERTS, GARY	501 E. TENNESSEE ST., STE. C	TALLAHASSEE FL 32308
SD	WOOD, PRISCILLA	2176 E. PARK AVE.	TALLAHASSEE FL 32301

800009057218
11/19/02--01002--026 **100.00

8. Name and Address of Current Registered Agent

**BUTLER-CARTER, BETSY
2268 HICKORY TREE LN.
TALLAHASSEE FL 32307**

9. Name and Address of New Registered Agent

Name

800009057218

Street Address (P.O. Box Number is Not Acceptable)

11/19/02--01006--001 **136.25

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

Betsy Butler-Carter
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/18/02**

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:

Betsy Butler-Carter
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Butler-Carter **11/18/02**

Date

Daytime Phone #

562-5057

CR2E040 (8/02)