

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUN -2 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600131091806
06/10/08--01008--014 **245.00

DOCUMENT # N00000006571

1. Corporation Name

Wellspring of Life Ministry Inc.

2. Principal Office Address - No P.O. Box #

2706 ALT. U.S. 19

Suite, Apt. #, etc.

223

City & State

PALM HARBOR, FL. DUNEDIN FL

Zip

34683

Country

USA

3. Mailing Office Address

P.O. Box 1495

Suite, Apt. #, etc.

City & State

DUNEDIN FL

Zip

34697

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9-23-2000

5. FEI Number

59-3674126

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS GARCIA-RIVERA

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

ATTORNEY AT LAW
2706 ALT. U.S. 19 N., SUITE 223

Suite, Apt. #, Etc.

PALM HARBOR, FL 34683

City

State
FL

Zip Code

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 5/28/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chmn	Michael Sawyer	547 Womack Rd	Bethpage TN 37022
Sec	Keith Moretz	9707 Elm Way	Tampa FL 33635
Pres	Robert Coder	623 Cane Creek Mnt. Rd.	Tellico Plains TN
VP	Joyce Coder	623 Cane Creek Mnt. Rd.	Tellico Plains TN
Treas	Deborah Sawyer	547 Womack Rd	Bethpage TN 37022

10. 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 contained in Chapter 119, 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

Deborah Sawyer Treas 5/21/08 6158882754

Date

Daytime Phone #

B. Mitchell JUN 2 2008