

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N01000001201

1. Corporation Name

TRANSFORMING LIFE MINISTRY, INC.

Principal Place of Business

Mailing Address

240 MAGNOLIA CREEK RD.
SANTA ROSA BEACH FL 32459

P.O. BOX 1360
SANTA ROSA BEACH FL 32459

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

02/19/2001

5. FEI Number

59-3742180

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	WEBSTER, JOHN	240 MAGNOLIA CREEK RD.	SANTA ROSA BEACH FL 32459
D	WEBSTER, MARY	240 MAGNOLIA CREEK RD.	SANTA ROSA BEACH FL 32459
D	CAPO, JIM	146 MAGNOLIA CREEK RD.	SANTA ROSA BEACH FL 32459
D	CADARET, ROWAN	403 BARNETT DR.	EDWARDSBURG IL
VD	WEAVER, CHARLES P	4510 RAINWOOD AVE	NORTHPORT AL 35475

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEBSTER, JOHN
240 MAGNOLIA CREEK RD.
SANTA ROSA BEACH FL 32459

Name

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

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

John P. Webster
REGISTERED AGENT MUST SIGN

Date 12-12-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-03 850-622-1780

Date

Daytime Phone #

REINSTATEMENT 2003



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12/18/03--01076--001 **236.25

FILED

03 DEC 17 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (7/03)