

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 NOV 13 A 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000007179**

1. Corporation Name

Eternal Life Fellowship Inc.

900162797149
11/13/09--01027--004 **367.50

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

1106 Line Street

3. Mailing Office Address

321 Tuscany Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

McBourne, Florida

City & State

McBourne, Florida

Zip

32901

Country

U.S.A.

Zip

32940

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4-21-2001

5. FEI Number

522049202

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

SEAN B. BROWN Pastor

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

321 TUSCANY WAY

Suite, Apt. #, Etc.

201

City

McBourne

State

FL

Zip Code

32940



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 section 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

11-3-09

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
P	SEAN B. BROWN	321 TUSCANY WAY 201	McBourne, FL 32940
VP	Tracey Brown	321 TUSCANY WAY 201	McBourne, FL 32940
S	Avra M. Brown	28 Yuma Court	Randallstown, MD 21133

REINSTATEMENT

08-09

10. E-mail Address:

Praisepeople@aol.com

(To be used for future annual report notifications)

qss

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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]

SEAN B. BROWN

11-3-09 321 506-9565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day time Phone#