

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003572

1. Corporation Name

INTERNATIONAL RIVER OF LIFE MINISTRIES, INC.

Principal Place of Business

Mailing Address

5410 CENTER STREET
WIMAUMA FL 33598

POST OFFICE BOX 999
DURANT FL 33530-0999



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

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	4 City / State / Zip
P	BARRON, KEITH R	5410 CENTER STREET 6711 David Barron Dr.	WIMAUMA FL 33598 Plant City FL 33567
V	DUNN, HEATHER	5410 CENTER STREET 5431 NE 35th St	WIMAUMA FL 33598 Giles Springs FL 34488
ST	BARRON, DWINALINE	5410 CENTER STREET 6711 David Barron Dr.	WIMAUMA FL 33598 Plant City FL 33567

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12/31/03--01048--007 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARRON, KEITH R
5410 CENTER STREET
WIMAUMA FL 33598
PO BOX 999
DURANT FL 33530

physical Address
6711 David Barron Dr

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

Keith R Barron

REGISTERED AGENT MUST SIGN

Date 12-26-03

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

Date

Daytime Phone #

Keith R Barron Keith R Barron 12-26-03 83-650-0789