

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO3000006464**

1. Corporation Name

**OFF THE CHAINS OF LIFE
NON DENOMINATIONAL CHURCH INC.**

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

8103 INDRIO RD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Font Pierce FLA

City & State

Zip

34951

Country

ST LUCIE

Zip

Country

7. Name and Address of Current Registered Agent

Name

VERNON L. TYNES SR.

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

1640 N 42 CIRCLE # 107

Suite, Apt. #, Etc.

City

VERO BEACH FL.

State

FL

Zip Code

32967

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

Vernon L. Tynes Sr.

Date

MARCH 20, 2008

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	VERNON L TYNES SR	1640 N 42ND CIRCLE #107	VERO BEACH, FL. 32967
S	ANDREY WILLIAMS	4675 43RD CT.	VERO BEACH, FL. 32960

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:

Vernon L. Tynes Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/08

Daytime Phone #

FILED

08 MAY -6 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500128565925

05/06/08--01007--007 **183.55

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

7/29/2003

5. FEI Number

810626576

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.