

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 21 AM 11:02

DOCUMENT # N03000009489

1. Corporation Name

ONE-BODY WORLDWIDE MINISTRIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7572 SUGAR BAY LANE
JACKSONVILLE FL 32256

Mailing Address

7572 SUGAR BAY LANE
JACKSONVILLE FL 32256



REINSTATEMENT 2003

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

06/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

☒ Not Applicable

Zip

Country

Zip

Country

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
PSTD	IBEGBU, ERIC	7572 SUGAR BAY LANE	JACKSONVILLE FL 32256
D	IBEGBU, SHELLEY ANN	7572 SUGAR BAY LANE	JACKSONVILLE FL 32256
D	DIERKSON, ZELMA	6608 OLD KINGS RD	JACKSONVILLE FL 32219

400023858354
10/16/03--01066--018 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IBEGBU, ERIC
7572 SUGAR BAY LANE
JACKSONVILLE FL 32256

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

SIGNATURE OF REGISTERED AGENT
REGISTERED AGENT MUST SIGN

Date

10/13/03

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 #

10/13/03 904 997 0250

CRPC040 (7/03)

282

ONE-BODY WORLDWIDE MINISTRIES
7572 SUGAR BAY LANE
JACKSONVILLE, FL
32256
10/13/03

FLORIDA DEPARTMENT OF STATE
DIVISION OF CO-OPERATIONS
TALLAHASSEE, FL

Dear Sir,

RE: REVOCATION OF CO-OPERATION

I wish to bring to your notice the above mentioned.

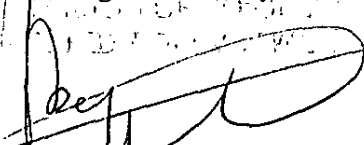
We are a not for profit organization in the infant stages of operation. I do not clearly recollect receiving a notification to file the 2003 annual cooperation report.

We sincerely regret the inconveniences this may have caused.

Included with this mailing is the stipulated fee of \$236.25.

We ask that you will extend your consideration towards us to have this fee waived seeing that we are a not for profit organization and our failure to file the above was not an expression of defiance to your statues and proceedings.

Looking forward to your usual kind co-operation.



Rev. Eric Ibegbu