

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

07 NOV 20 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RJ 11-27-07



**REINSTATEMENT**

CR2E099 (1/07)

07

<b>DOCUMENT # N04000005081</b> 1. Entity Name <b>LIFE IMPACT FOR ETERNITY INTERNATIONAL, INC.</b>					
Principal Place of Business <b>356 BRETHREN RD BECKLEY, WV 25801</b>			Mailing Address <b>3984 MANATEE AVENUE EAST BRADENTON, FL 34208</b>		
2. Principal Place of Business - No P.O. Box # <b>2455 SCENIC VALLEY DR</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>WEST DES MOINES, IA</b>		City & State			
Zip <b>50265</b>	Country <b>USA</b>	Zip	Country	4. FEI Number <b>20-1145874</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BARNARD, PAUL 3984 MANATEE AVENUE EAST BRADENTON, FL 34208</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MURPHY, ERIC W</b> <b>356 BRETHREN RD</b> <b>BECKLEY, WV 25801</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800112460658</b> <b>11/20/07--01035--001 **\$1.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>BOWERS, DARWIN</b> <b>7168 HILLCREST DRIVE</b> <b>LAKEPORT, MI 48059</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIR BOWERS, DARWIN</b> <b>13 MARKHAM COURT</b> <b>FAIRFIELD GLADE, TN 38558</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <b>MOHLER, DELMAR R</b> <b>2455 SCENIC VALLEY DRIVE</b> <b>WEST DES MOINES, IA 50265</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>TANSEY, ROBERT D</b> <b>119 EDGEWATER DRIVE</b> <b>NOBLESVILLE, IN 46062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Delmar R. Mohler</i></u> , DIRECTOR			NOVEMBER 15, 2007		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date D/Time Phone #</small>		

(515) 664-0600

**DELMAR R. MOHLER, CPA**  
2455 SCENIC VALLEY DRIVE  
WEST DES MOINES, IOWA 50265-7707  
TELEPHONE: (515) 664-0600  
FAX: (515) 282-0245  
E-MAIL: del@delmohler.com

November 16, 2007

Division of Corporations  
Florida Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Life Impact For Eternity International Inc.  
Document Number of Corporation: 04000005081

To Whom It May Concern:

Enclosed you will find the 2007 Not-For-Profit Corporation Reinstatement form prepared for Life Impact For Eternity International, Inc. signed by the undersigned, along with a check payable to Florida Department of State in the amount of \$61.25.

Our understanding is that Life Impact For Eternity International, Inc. qualifies for reinstatement with the State of Florida with the delivery of the enclosed documents.

Thank you in advance for your assistance with this matter. If I may be of any further assistance, please let me know.

Sincerely,

  
Delmar R. Mohler, CPA

Enclosures

DRM:dm

ENCLOSURE