

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT 29 PM 1:16

DOCUMENT # N06000006044

1. Corporation Name

A WELL FOR HEALTH CHURCH INC.

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

23 Calle Alexia

Suite, Apt. #, etc.

City & State

Santa Fe, New Mexico

Zip

87508

Country

U.S.A.

3. Mailing Office Address

~~23 Calle Alexia~~ PO Box 1387

Suite, Apt. #, etc.

City & State

Santa Fe, New Mexico

Zip

87508 - 9998

Country

U.S.A.

400137621544  
11/04/08--01033--002 \*\*122.50  
CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida 06/05/2006

5. FEI Number

22-3934844

☐ 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

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

☒ 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 617.0503, F.S.

Signature of SPIEGEL & UTRERA, P.A.

Registered Agent By: *Natalia Utrera*

Natalia Utrera, Vice President REGISTERED AGENT MUST SIGN

Date 12-27-08

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
PD	Heilbron, Roy	PO Box 1387 23 Calle Alexia	Santa Fe, NM 87508 - 9998
VTD	Hart, Angelique	PO Box 1387 23 Calle Alexia	Santa Fe, NM 87508 - 9998
SD	Morehead, Linda	PO Box 1387 23 Calle Alexia	Santa Fe, NM 87508 - 9998

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: *Roy Heilbron*

Roy Heilbron, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/08

Date

305-978-3892

Daytime Phone #