## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED FLORIDA DEPARTMENT OF STATE CORPORATION 09 FEB 24 PH 12: 41 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE DOCUMENT # and the contract 1. Corporation Name Tree of Life Ministries Spanish America, Inc. **'000144276940** 02/24/69--01019--010 \*\*490.00 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # REINSTAFEMENT02-04 2084 Thompson Road 1520 Bottlebrush Drive NE Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified 6-13-85 To Do Business in Florida City & State City & State **5.** FEI Number 59-2547246 Applied For Fenton, MI Palm Bay, FL Not Applicable Zip Country Zip Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required 32905 48430 USA USA for a Certificate of Status 7. Name and Address of Current Registered Agent ☑ The reinstatement fee is imposed, except in Kenneth Delgado circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) 1520 Bottlebrush Drive NE the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Zip Code 32905 Palm Bay 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 REGISTERED ASENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Officer and/or Director Titles City / State / Zip -Officers and/or Directors Fenton, MI 48430 \*. Pres V. Guy Henry 2084 Thompson Road VΡ Fenton, MI 48430 Angela M. Henry 2084 Thompson Road Lebanon, TX 37090 VΡ 4053 Swindell Hollow Thomas S. Shaw Karl A. Barancik 2502 Torrey Grove Ct. Fenton, MI 48430 Sec Tres 154 Angelo Rd. SE Palm Bay, FL 32909 Kenneth Delgado Dir 7505 Perrine Road Midland, MI 48642 William H. Bailey 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 filling 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. 1-20-09 989-832-7547 William H. Bailey SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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