

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14760**

1. Corporation Name

ETERNAL LIFE CHURCH OF AMERICA, INC.
1521 N.E. 48th Ct.
POMPAU BEACH, FL 33064

Principal Place of Business

Mailing Address

1521 N.E. 48th Ct.
POMPAU BEACH, FL 33064

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME
AS

3. New Mailing Office Address, If Applicable

SAME
AS

City & State

ABOVE

City & State

ABOVE

Zip

Country

BROWARD

Zip

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1986

5. FEI Number

59-2673511

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D P/T	McBAIN, DON J.	1521 N.E. 48th Ct.	POMPAU BEACH, FL 33064
D	TRAVIS, GOS	3744 LOCUSTUM CIRCLE	COconut Creek, FL 33063
D V/P S	ROWLES, MICHAEL R	3030 N.E. First AVE	Pompano Beach, FL 33064

500002353485-7
-11/20/97-01097-035
******428.72 ****428.75**

8. Name and Address of Current Registered Agent

HARDY, J. EDGAR
2736 N. ANDREWS AVE #133
FT. LAUDERDALE, FL 33311

9. Name and Address of New Registered Agent

Name **McBAIN, DON J.**
Street Address (P.O. Box Number is Not Acceptable)
1521 N.E. 48th Ct.
Suite, Apt. #, Etc.

City

POMPAU BEACH

State

FL

Zip Code

33064

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/05/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Don J. McBain **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/97
Date

954-583-6214
Daytime Phone #

FILED

97 NOV 19 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-97