

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 # **N33039**

1. Corporation Name **TREE OF LIFE MINISTRIES, INC.**

FILED

97 DEC -4 PM 3:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**9361 MILL SPRINGS DRIVE
JACKSONVILLE, FL 32257**

Mailing Address

SAME

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

2. New Principal Office Address, If Applicable

9361 MILL SPRINGS DRIVE

3. New Mailing Office Address, If Applicable

9361 MILL SPRINGS DRIVE

4. Date Incorporated or Qualified
To Do Business in Florida

6-29-89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

JACKSONVILLE, FL 32257

City & State

JACKSONVILLE, FL 32257

Zip

32257

Country

DUVAL

Zip

32257

Country

DUVAL

59-2960540

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ELMER WILLIAMS	9361 MILL SPRINGS DR	JACKSONVILLE, FL 32257
D	MARGIE J. WILLIAMS	9361 MILL SPRINGS DR	JACKSONVILLE, FL 32257
D	KIMBERLY K. WILLIAMS	4090-1704 HODGES BLVD.	JACKSONVILLE, FL 32224

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-12/11/97--01096--005
*****236.25 ***236.25**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ELMER WILLIAMS
9361 MILL SPRINGS DRIVE
JACKSONVILLE, FL 32257**

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.

Signature of
Registered Agent

Elmer Williams

REGISTERED AGENT MUST SIGN

Date **12-2-97**

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: **ELMER WILLIAMS** *Elmer Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-97
Date

904-448-4680
Daytime Phone #