

N95000001227

TRANSMITTAL LETTER

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

RECEIVED
MAR 15 1995

SUBJECT: WILLIAMS INDUSTRIES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: William Williams
Name (Printed or typed)

220 Campbell Ave SE
Address

Tallahassee FL 32310
City, State & Zip

907 733 2323
Daytime Telephone number

Will wait

NANCY HENDRICKS MAR 15 1995

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I Name

The name of the corporation shall be:

Plan Life Ministries Inc.

ARTICLE II

Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be:

*2700 Competition Dr
Kissimmee FL 34743*

ARTICLE III Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

Church and Child Care

ARTICLE IV Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

Directors are elected by the stockholders

Filing Fee: \$70.00

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

James M. [unclear]
[unclear]

ARTICLE VII

Incorporators

See instructions for officers/directors

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Alvin J. [unclear]
[unclear]
[unclear]

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this _____ day of _____, 19____.

Signature(s) of Incorporator(s):

<u><i>[Signature]</i></u>	_____
	Typed name of incorporator signing
_____	_____
	Typed name of incorporator signing
_____	_____
	Typed name of incorporator signing

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: First Life Insurance Co.
(must include suffix)

2. The name and address of the registered agent and office is:

Allen Wolfson
(Name)

200 Commonwealth Ave
(Street address - P. O. Box not acceptable)

Fort St. 33414
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Allen Wolfson
(Signature)

3-18-85
(Date)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 NOV 26 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95-1227**

1 Corporation Name

New Life Ministries Inc

Principal Place of Business

Mailing Address

**1116 E Donegan Ave
Kiss FL 34744**

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

2 New Principal Office Address, If Applicable

Suite, Apt. #, etc

3 New Mailing Address, If Applicable

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4 Date Incorporated or Qualified
To Do Business in Florida

3.15.95

5 FEI Number

593305246

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED

☒ 58.75 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	MAVIS YOUNG	831 ASPENWOOD AVE	KISS FL 34743
D	GARVIN HARRISON	1174251E WINSTON WILSON ST DR	KISS 32824
D	ALVIN WOLLISTON	708 ADRIANA PARK CIR	KISS 34744

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******245.00 ****245.00**

8. Name and Address of Current Registered Agent

**ALVIN WOLLISTON
708 ADRIANA PARK CIR
KISS FL 34744**

9. Name and Address of New Registered Agent

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

ALVIN WOLLISTON

REGISTERED AGENT MUST SIGN

Date **11-27-96**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

ALVIN WOLLISTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-27-96

Date

Daytime Phone #

CR2040 (12/95)